

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2020****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990EZ) for instructions and the latest information **2106**

<b>A</b> For the 2020 calendar year, or tax year beginning Jul 1, 2020, and ending Jun 30, 2021	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 <b>06</b>
<b>D</b> Employer identification number 43-1103757	
<b>E</b> Telephone number 7852213146	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input checked="" type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>I</b> Website: ▶ <a href="http://www.MOHIMA.org">www.MOHIMA.org</a>	
<b>J</b> Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 78,322.	

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	23,336.
	3	Membership dues and assessments	3	52,361.
	4	Investment income	4	5.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	1,957.
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	1,957.	
<b>Expenses</b>	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) . . . . . See Line 8 Stmt.	8	663.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,322.
	10	Grants and similar amounts paid (list in Schedule O)	10	5,900.
	11	Benefits paid to or for members	11	51,582.
	12	Salaries, other compensation, and employee benefits	12	
<b>Net Assets</b>	13	Professional fees and other payments to independent contractors	13	12,563.
	14	Occupancy, rent, utilities, and maintenance	14	645.
	15	Printing, publications, postage, and shipping	15	162.
	16	Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt.	16	16,634.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	87,486.
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-9,164.
	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	257,127.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	247,963.

For Paperwork Reduction Act Notice, see the separate instructions. **BAA**

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Form **990-EZ** (2020)

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**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
<b>22</b> Cash, savings, and investments . . . . .	244,658.	<b>22</b> 232,510.
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	12,469.	<b>24</b> 15,453.
<b>25</b> Total assets . . . . .	257,127.	<b>25</b> 247,963.
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	257,127.	<b>27</b> 247,963.

**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)

<b>28</b> 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 <input type="checkbox"/>	<b>28a</b>	51,582.
<b>29</b> _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	51,582.

**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
Clark Chaffin President	5.00	0.	0.	0.
Deanna Peterson Past President	3.00	0.	0.	0.
Mary Lee Harlan-Newberry President Elect	3.00	0.	0.	0.
Donna Caldwell-Chaffin 1st Year Delegate	3.00	0.	0.	0.
Ann Nowlin Central Office Coordinator	10.00	11,892.	0.	0.
Lucy Sweiger 2nd Yr. Delegate	3.00	0.	0.	0.
Veronica Richardson Public Relations	3.00	0.	0.	0.
Tanisha Lockett 1st Yr. Director of Education	3.00	0.	0.	0.
Susan Foster 2nd Yr. Director of Education	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
<b>33</b> 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 . . . . .	<b>33</b>	<b>X</b>
<b>34</b> 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 . . . . .	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	<b>X</b>
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	<b>X</b>
<b>36</b> 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 . . . . .	<b>36</b>	<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> . . . . .	<b>37b</b>	<b>X</b>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .	<b>39a</b>	
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► . . . . .; section 4912 ► . . . . .; section 4955 ► . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ► . . . . .		
<b>42a</b> 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>b</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). . . . .	<b>42b</b>	<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► . . . . .	<b>42c</b>	<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	<b>43</b>	<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<b>X</b>
<b>b</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 . . . . .	<b>44b</b>	<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<b>X</b>
<b>b</b> 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 . . . . .	<b>45b</b>	<b>X</b>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
<b>46</b>		X

**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 . . . . . ☐

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

	Yes	No
<b>47</b>		X

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

<b>48</b>		X
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		X
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and 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 Mary Lee Harlan-Newberry Date 9/16/2021  
 Type or print name and title Mary Lee Harlan-Newberry, President

**Paid Preparer Use Only** Print/Type preparer's name Laura Faust Preparer's signature Laura Faust Date 09/13/2021 Check ☐ if self-employed PTIN P00435873  
 Firm's name AVAIL ACCOUNTING & TAX, INC. Firm's EIN 43-1824130  
 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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

Missouri Health Information Mgt. Assn.

Employer identification number

43-1103757

Pt I, Line 8:

Description: Advertising \$663

Pt I, Line 10:

Description: Memorial

Class of activity: Donation

Grantee's name: AMIMA Foundation

Grantee's address: 233 N. Michigan Ave Chicago IL 60601

Grantee's relationship: Parent Foundation

Amount given: \$200

Description: Memorial

Class of activity: Donation

Grantee's name: University of Missouri Health Care

Grantee's address: 2401 Lemone Industrial Blvd, Room QD168 Columbia MO 65201

Grantee's relationship: None

Amount given: \$100

Description: Memorial

Class of activity: Donation

Grantee's name: The ALS Association Mid America Chapter

Grantee's address: 3259 E. Sunshine Street Unit V Springfield MO 65804

Grantee's relationship: None

Amount given: \$100

Description: Memorial

Class of activity: Donation

Grantee's name: Caldwell Chapel Association

Grantee's address: 1017-1045 CR 780 Jonesboro AR 72401

Name of the organization	Employer identification number
Missouri Health Information Mgt. Assn.	43-1103757

Grantee's relationship: None

Amount given: \$100

Description: Memorial

Class of activity: Donation

Grantee's name: Catholic Charities

Grantee's address: 4445 Lindell Blvd St. Louis MO 63108

Grantee's relationship: None

Amount given: \$100

Description: Education Donation

Class of activity: Donation

Grantee's name: MO Western State University

Grantee's address: 4525 Downs Drive St. Joseph MO 64507

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: Ozark Community College

Grantee's address: 1001 E. Chestnut Expressway Springfield MO 65802

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: Penn Valley Community College

Grantee's address: 3444 Broadway Kansas City MO 64111

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Name of the organization	Employer identification number
Missouri Health Information Mgt. Assn.	43-1103757

Class of activity: Donation

Grantee's name: St. Charles Community College

Grantee's address: 1 Academy Place Dardenne Prairie MO 63368

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: St. Louis University

Grantee's address: 3437 Caroline Street, Rm. 308 St. Louis MO 63104

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: Stephens College

Grantee's address: 1200 E. Broadway Columbia MO 65215

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: Jefferson College

Grantee's address: 1687 Missouri State Road Arnold MO 63010

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: East Central College

Grantee's address: 1964 Prairie Dell Road Union MO 63084

Name of the organization

Missouri Health Information Mgt. Assn.

Employer identification number

43-1103757

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: State Fair Community College

Grantee's address: 3201 W. 16th St. Sedalia MO 65301

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: St. Louis Community College - Forest Park

Grantee's address: 5600 Oakland Avenue St. Louis MO 63110

Grantee's relationship: None

Amount given: \$500

Description: Education Donation

Class of activity: Donation

Grantee's name: Pony Express Meeting

Grantee's address: 113 N. Bradley Drive Salina KS 67401

Grantee's relationship: MO Chapter

Amount given: \$300

Pt I, Line 16:

Description: Insurance \$1,006

Description: Subscriptions \$400

Description: Awards \$4,494

Description: Gift \$59

Description: Depreciation \$0

Description: Bank fees \$177



Name of the organization

Missouri Health Information Mgt. Assn.

Employer identification number

43-1103757

Description: Website \$10,498