

Form **990**Department of the Treasury
Internal Revenue ServiceExtended to April 15, 2025
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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUN 1, 2023** and ending **MAY 31, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Healthcare Financial Management
Association Group Return**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2001 Butterfield Rd

Room/suite

1500

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

Downers Grove, IL 60515**F** Name and address of principal officer: **C. Ann Jordan****same as C above****D** Employer identification number**23-7037143****E** Telephone number**708-531-9600****G** Gross receipts \$ **11,306,662.****H(a)** Is this a group return **Stmnt 1**for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number **1995****I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (**6**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1969** **M** State of legal domicile: **IL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To foster and increase knowledge of and proficiency in financial management in the healthcare
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 695
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 695
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1
	6	Total number of volunteers (estimate if necessary) 6 3241
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 0. 0.
	9	Program service revenue (Part VIII, line 2g) 9,252,640. 11,090,262.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 68,350. 216,400.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145,573. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,466,563. 11,306,662.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,036. 27,229.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,062,664. 10,798,852.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,080,700. 10,826,081.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -614,137. 480,581.
	20	Total assets (Part X, line 16) 14,960,283. 15,769,454.
	21	Total liabilities (Part X, line 26) 2,489,765. 2,674,216.
	22	Net assets or fund balances. Subtract line 21 from line 20 12,470,518. 13,095,238.

Part II Signature Block

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	Date			
	Steve Saldivar, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Rebekuh Eley	Rebekuh Eley	03/04/25		P01247672
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	RSM US LLP 30 South Wacker Dr, Suite 3300 Chicago, IL 60606-3392	42-0714325	312-634-3400		

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

See Schedule O for Organization Mission Statement Continuation

Healthcare Financial Management
Association Group Return

Form 990 (2023)

23-7037143 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

To foster and increase knowledge of and proficiency in financial management in the healthcare industry; conduct and participate in education programs; provide media for interchange of ideas and dissemination of materials relative to financial management and

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Education - HFMA's 59 chapters conduct periodic educational sessions that utilize discussion groups, forums, panels, lectures or similar programs for the purpose of improving or developing capabilities in the field of healthcare financial management. These sessions provide members an opportunity for face to face education, lecture, panel discussion, sharing of best practice processes and networking.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Publications - Newsletters & Membership directories - HFMA's 59 chapters produce periodic newsletters that are shared not only with chapter members base but with other industry professionals. The newsletters contain articles and information related to recent governmental rule changes, current events, job opportunities and hot topics facing the industry. Each chapter publishes a membership directory annually allowing members to network and communicate amongst one another.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	55
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143

Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a 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)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17		

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	695	
b Enter the number of voting members included on line 1a, above, who are independent	1b	695	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
Steve S. Saldivar - 708-531-9600
2001 Butterfield Rd, Ste 1500, Downers Grove, IL 60515

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tony Andrade President	5.00	X		X				0.	0.	0.
(2) Haley Baker President	5.00	X		X				0.	0.	0.
(3) Tyler Bernier President	5.00	X		X				0.	0.	0.
(4) Natalie Billo President	5.00	X		X				0.	0.	0.
(5) Chris Branin President	5.00	X		X				0.	0.	0.
(6) Thomas Camp President	5.00	X		X				0.	0.	0.
(7) Kimberly Carlozzi President	5.00	X		X				0.	0.	0.
(8) Matthew Clark President	5.00	X		X				0.	0.	0.
(9) Zachary Colby President	5.00	X		X				0.	0.	0.
(10) Vanessa Couch-Laguana President	5.00	X		X				0.	0.	0.
(11) Edward Coyle President	5.00	X		X				0.	0.	0.
(12) Nicholas Eichelman President	5.00	X		X				0.	0.	0.
(13) Andy Emrhein President	5.00	X		X				0.	0.	0.
(14) Adam Gobin President	5.00	X		X				0.	0.	0.
(15) Lauree Handlon President	5.00	X		X				0.	0.	0.
(16) Jen Hayes President	5.00	X		X				0.	0.	0.
(17) Teresa Jenkinson President	5.00	X		X				0.	0.	0.

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Melissa Kern President	5.00	X		X				0.	0.	0.
(19) Brittiany Loar President	5.00	X		X				0.	0.	0.
(20) Bray Manderson President	5.00	X		X				0.	0.	0.
(21) Brian Mattson President	5.00	X		X				0.	0.	0.
(22) Kara McAdam President	5.00	X		X				0.	0.	0.
(23) Patrick McKenna President	5.00	X		X				0.	0.	0.
(24) Jorge Santiago Medina President	5.00	X		X				0.	0.	0.
(25) Jason Metcalf President	5.00	X		X				0.	0.	0.
(26) Perla Pace President	5.00	X		X				0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Paris Las Vegas PO Box 96118, Las Vegas, NV 89193	Hotel Services	469,574.
D Lawrence Plan 1125 Atlantic Ave, Atlantic City, NJ 08401	Facilitated the Annual Institute Pla	275,559.
Tampa Marriott Waterside Hotel & Marina 700 South Florida Ave, Tampa, FL 33602	Hotel and Conference Services	182,324.
Loews Atlanta Hotel 1065 Peachtree St, Atlanta, GA 30309	Food, Beverage, Audio Visual, Hotel	155,557.
The Vinoy Renaissance 501 5th Ave NE, St. Petersburg, FL 33701	Hotel and Conference Services	144,125.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

See Part VII, Section A Continuation sheets

Form **990** (2023)

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Brenda Parinas President	5.00	X		X				0.	0.	0.
(28) Ann Peterson President	5.00	X		X				0.	0.	0.
(29) Jennifer Peterson President	5.00	X		X				0.	0.	0.
(30) Barbara Piascik President	5.00	X		X				0.	0.	0.
(31) Dina Prince President	5.00	X		X				0.	0.	0.
(32) Susan Prior President	5.00	X		X				0.	0.	0.
(33) Chris Rawlings President	5.00	X		X				0.	0.	0.
(34) Ariana Raymond President	5.00	X		X				0.	0.	0.
(35) Amanda Ricci President	5.00	X		X				0.	0.	0.
(36) Sandra Rittel President	5.00	X		X				0.	0.	0.
(37) Darcy Robertson President	5.00	X		X				0.	0.	0.
(38) Jason Sanchez President	5.00	X		X				0.	0.	0.
(39) Christopher Schenkel President	5.00	X		X				0.	0.	0.
(40) Roze Seale President	5.00	X		X				0.	0.	0.
(41) Christine Sibley President	5.00	X		X				0.	0.	0.
(42) Brian Sims President	5.00	X		X				0.	0.	0.
(43) Christopher Spilker President	5.00	X		X				0.	0.	0.
(44) Heather Stanisci President	5.00	X		X				0.	0.	0.
(45) Shawna Talles President	5.00	X		X				0.	0.	0.
(46) Kyle Teel President	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Kimberly Telford President	5.00	X		X				0.	0.	0.
(48) John Thibeau President	5.00	X		X				0.	0.	0.
(49) Tammy Walsh President	5.00	X		X				0.	0.	0.
(50) Nick Ward President	5.00	X		X				0.	0.	0.
(51) Connie Warnat President	5.00	X		X				0.	0.	0.
(52) Tanner Wealand President	5.00	X		X				0.	0.	0.
(53) Andrew Weingartner President	5.00	X		X				0.	0.	0.
(54) Jacob Wethington President	5.00	X		X				0.	0.	0.
(55) Katie White President	5.00	X		X				0.	0.	0.
(56) Kimberly Williams President	5.00	X		X				0.	0.	0.
(57) Austin Willuweit President	5.00	X		X				0.	0.	0.
(58) Chase Wunder President	5.00	X		X				0.	0.	0.
(59) Jason Zawodzinski President	5.00	X		X				0.	0.	0.
(60) Monica Agate President Elect	2.50	X		X				0.	0.	0.
(61) Violeta Aguirre President Elect	2.50	X		X				0.	0.	0.
(62) Sheila Augustine President Elect	2.50	X		X				0.	0.	0.
(63) Matthew Aumick President Elect	2.50	X		X				0.	0.	0.
(64) Kelly Bauer President Elect	2.50	X		X				0.	0.	0.
(65) Nicholas Beas President Elect	2.50	X		X				0.	0.	0.
(66) Misty Brackett President Elect	2.50	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) Sarah Brainard President Elect	2.50	X		X				0.	0.	0.
(68) Don Briones President Elect	2.50	X		X				0.	0.	0.
(69) Ryan Caldwell President Elect	2.50	X		X				0.	0.	0.
(70) William Cogliano President Elect	2.50	X		X				0.	0.	0.
(71) Lymari Colon President Elect	2.50	X		X				0.	0.	0.
(72) Melodie Colwell President Elect	2.50	X		X				0.	0.	0.
(73) Alyssa Correia President Elect	2.50	X		X				0.	0.	0.
(74) Brandon Creswell President Elect	2.50	X		X				0.	0.	0.
(75) Mark Daffer President Elect	2.50	X		X				0.	0.	0.
(76) Misty Davis President Elect	2.50	X		X				0.	0.	0.
(77) Amanda De Los Reyes President Elect	2.50	X		X				0.	0.	0.
(78) Chelsea Desrosiers President Elect	2.50	X		X				0.	0.	0.
(79) Jaiden Ellenwood President Elect	2.50	X		X				0.	0.	0.
(80) Maria Facciponti President Elect	2.50	X		X				0.	0.	0.
(81) Michael Felczak President Elect	2.50	X		X				0.	0.	0.
(82) Arin Foreman President Elect	2.50	X		X				0.	0.	0.
(83) Karen Garner President Elect	2.50	X		X				0.	0.	0.
(84) Michelle Gates President Elect	2.50	X		X				0.	0.	0.
(85) Corinna Goron President Elect	2.50	X		X				0.	0.	0.
(86) Jamie Hill-Walters President Elect	2.50	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) J Hopkins President Elect	2.50	X		X				0.	0.	0.
(88) Daniel Hosey President Elect	2.50	X		X				0.	0.	0.
(89) Kayla Howell President Elect	2.50	X		X				0.	0.	0.
(90) Amy Kirk President Elect	2.50	X		X				0.	0.	0.
(91) Svenja Koroll President Elect	2.50	X		X				0.	0.	0.
(92) Paul Krsiak President Elect	2.50	X		X				0.	0.	0.
(93) Paula Littleton President Elect	2.50	X		X				0.	0.	0.
(94) Hailee Long President Elect	2.50	X		X				0.	0.	0.
(95) Tami Love President Elect	2.50	X		X				0.	0.	0.
(96) Chris Lovette President Elect	2.50	X		X				0.	0.	0.
(97) Brenden Mance President Elect	2.50	X		X				0.	0.	0.
(98) Patrick McDonough President Elect	2.50	X		X				0.	0.	0.
(99) Michele McGowan President Elect	2.50	X		X				0.	0.	0.
(100) Courtney McNamee President Elect	2.50	X		X				0.	0.	0.
(101) Liz Murphy President Elect	2.50	X		X				0.	0.	0.
(102) Jason Nelms President Elect	2.50	X		X				0.	0.	0.
(103) Rachel Pugliano President Elect	2.50	X		X				0.	0.	0.
(104) Will Sanders President Elect	2.50	X		X				0.	0.	0.
(105) Derek Schaff President Elect	2.50	X		X				0.	0.	0.
(106) Taylor Searfoss President Elect	2.50	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) Jonathan Shedlock President Elect	2.50	X		X				0.	0.	0.
(108) Brandy Simpson President Elect	2.50	X		X				0.	0.	0.
(109) Deborah Slogar President Elect	2.50	X		X				0.	0.	0.
(110) Phillip Smith President Elect	2.50	X		X				0.	0.	0.
(111) Shivam Sohan President Elect	2.50	X		X				0.	0.	0.
(112) Anna Stevens President Elect	2.50	X		X				0.	0.	0.
(113) Ryan Thompson President Elect	2.50	X		X				0.	0.	0.
(114) Brittany Tillman President Elect	2.50	X		X				0.	0.	0.
(115) Cory Van Maanen President Elect	2.50	X		X				0.	0.	0.
(116) Tricia Wagner President Elect	2.50	X		X				0.	0.	0.
(117) James Woodward President Elect	2.50	X		X				0.	0.	0.
(118) Kelly Amans Secretary	5.00	X		X				0.	0.	0.
(119) Zessica Apiki Secretary	5.00	X		X				0.	0.	0.
(120) Sarah Beaman Secretary	5.00	X		X				0.	0.	0.
(121) Ariel Biggs Secretary	5.00	X		X				0.	0.	0.
(122) Amy Carpenter Secretary	5.00	X		X				0.	0.	0.
(123) Michael Chase Secretary	5.00	X		X				0.	0.	0.
(124) Sarah Christensen Secretary	5.00	X		X				0.	0.	0.
(125) Aaron Clayton Secretary	5.00	X		X				0.	0.	0.
(126) Casey Cockrum Secretary	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) Shawn Deluhery Secretary	5.00	X		X				0.	0.	0.
(128) Kyle Dunleavy Secretary	5.00	X		X				0.	0.	0.
(129) Richard Fries Secretary	5.00	X		X				0.	0.	0.
(130) Andrew Garami Secretary	5.00	X		X				0.	0.	0.
(131) Kristen Gilfeather Secretary	5.00	X		X				0.	0.	0.
(132) Bryan Gordon Secretary	5.00	X		X				0.	0.	0.
(133) Autumn Heaster Secretary	5.00	X		X				0.	0.	0.
(134) Jennifer Huff Secretary	5.00	X		X				0.	0.	0.
(135) Carlos Ivan Rodriguez Ortiz Secretary	5.00	X		X				0.	0.	0.
(136) Devon Jacquin Secretary	5.00	X		X				0.	0.	0.
(137) Christine Jones Secretary	5.00	X		X				0.	0.	0.
(138) Brian Kleven Secretary	5.00	X		X				0.	0.	0.
(139) Kevin Kornowa Secretary	5.00	X		X				0.	0.	0.
(140) Margaret Lally Secretary	5.00	X		X				0.	0.	0.
(141) Tashia Lindvall Secretary	5.00	X		X				0.	0.	0.
(142) Evan Martin Secretary	5.00	X		X				0.	0.	0.
(143) Derrick Mason Secretary	5.00	X		X				0.	0.	0.
(144) Misty McMichael Secretary	5.00	X		X				0.	0.	0.
(145) Teresa Moe Secretary	5.00	X		X				0.	0.	0.
(146) Tammy Nadler Secretary	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) Michele Parker Secretary	5.00	X		X				0.	0.	0.
(148) Elaine Peeler Secretary	5.00	X		X				0.	0.	0.
(149) Hannah Perez Secretary	5.00	X		X				0.	0.	0.
(150) Heather Perez Secretary	5.00	X		X				0.	0.	0.
(151) Cindy Pizarro Secretary	5.00	X		X				0.	0.	0.
(152) Andrew Richards Secretary	5.00	X		X				0.	0.	0.
(153) Nicholas Rivera Secretary	5.00	X		X				0.	0.	0.
(154) Jacob Rouse Secretary	5.00	X		X				0.	0.	0.
(155) Dhara Satija Secretary	5.00	X		X				0.	0.	0.
(156) Joseph Scargle Secretary	5.00	X		X				0.	0.	0.
(157) Lisa Schaaf Secretary	5.00	X		X				0.	0.	0.
(158) Rebecca Schaefer Secretary	5.00	X		X				0.	0.	0.
(159) Tawny Schaffer Secretary	5.00	X		X				0.	0.	0.
(160) Louis Schroeder Secretary	5.00	X		X				0.	0.	0.
(161) Lauren Shea Secretary	5.00	X		X				0.	0.	0.
(162) Brian Shifflett Secretary	5.00	X		X				0.	0.	0.
(163) Garry Skinner Secretary	5.00	X		X				0.	0.	0.
(164) Brian Smith Secretary	5.00	X		X				0.	0.	0.
(165) Lisa Stark Secretary	5.00	X		X				0.	0.	0.
(166) Towannah Thompson Secretary	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) Cassie Walden Secretary	5.00	X		X				0.	0.	0.
(168) Chastity Werner Secretary	5.00	X		X				0.	0.	0.
(169) Chase Williams Secretary	5.00	X		X				0.	0.	0.
(170) Shannon Williams Secretary	5.00	X		X				0.	0.	0.
(171) Angie Wilson Secretary	5.00	X		X				0.	0.	0.
(172) Corina Yates Secretary	5.00	X		X				0.	0.	0.
(173) Chowdhury Ahsan Treasurer	5.00	X		X				0.	0.	0.
(174) Leah Amante Treasurer	5.00	X		X				0.	0.	0.
(175) Gage Beavers Treasurer	5.00	X		X				0.	0.	0.
(176) Fahd Benjalil Treasurer	5.00	X		X				0.	0.	0.
(177) Wendi Bennett Treasurer	5.00	X		X				0.	0.	0.
(178) Jonathan Besler Treasurer	5.00	X		X				0.	0.	0.
(179) Michael Brown Treasurer	5.00	X		X				0.	0.	0.
(180) Daniel Bucci Treasurer	5.00	X		X				0.	0.	0.
(181) Clinton Carter Treasurer	5.00	X		X				0.	0.	0.
(182) Robert Chandler Treasurer	5.00	X		X				0.	0.	0.
(183) Debby Chanen Treasurer	5.00	X		X				0.	0.	0.
(184) Chris Coccimiglio Treasurer	5.00	X		X				0.	0.	0.
(185) Michelle Cooper Treasurer	5.00	X		X				0.	0.	0.
(186) Michael Cox Treasurer	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) Janena Davis Treasurer	5.00	X		X				0.	0.	0.
(188) Cassie Fields Treasurer	5.00	X		X				0.	0.	0.
(189) Kasandrah Garnes Treasurer	5.00	X		X				0.	0.	0.
(190) Taireli Hidalgo Gonzalez Treasurer	5.00	X		X				0.	0.	0.
(191) Mai Goss Treasurer	5.00	X		X				0.	0.	0.
(192) Julie Hall Treasurer	5.00	X		X				0.	0.	0.
(193) Timothy Hammond Treasurer	5.00	X		X				0.	0.	0.
(194) Rachel Herman Treasurer	5.00	X		X				0.	0.	0.
(195) Sheila Hojnacki Treasurer	5.00	X		X				0.	0.	0.
(196) Julia Jesuit Treasurer	5.00	X		X				0.	0.	0.
(197) Arvind Joshi Treasurer	5.00	X		X				0.	0.	0.
(198) Lainey Kelly Treasurer	5.00	X		X				0.	0.	0.
(199) Heidi Kennedy Treasurer	5.00	X		X				0.	0.	0.
(200) Rachel King Treasurer	5.00	X		X				0.	0.	0.
(201) Samuel King Treasurer	5.00	X		X				0.	0.	0.
(202) Kelly Klein Treasurer	5.00	X		X				0.	0.	0.
(203) Kyle Kovacevich Treasurer	5.00	X		X				0.	0.	0.
(204) James LaCroix Treasurer	5.00	X		X				0.	0.	0.
(205) Derek Lee Treasurer	5.00	X		X				0.	0.	0.
(206) Crystal Lonsbury Treasurer	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) Eriko Martian Treasurer	5.00	X		X				0.	0.	0.
(208) Billy McNeely Treasurer	5.00	X		X				0.	0.	0.
(209) John Mendez Treasurer	5.00	X		X				0.	0.	0.
(210) Janelle Monroe Treasurer	5.00	X		X				0.	0.	0.
(211) Carla Neiman Treasurer	5.00	X		X				0.	0.	0.
(212) John Nelson Treasurer	5.00	X		X				0.	0.	0.
(213) Dinesh Pai Treasurer	5.00	X		X				0.	0.	0.
(214) Tanner Popp Treasurer	5.00	X		X				0.	0.	0.
(215) Lisa Postelwait Treasurer	5.00	X		X				0.	0.	0.
(216) Misty Prater Treasurer	5.00	X		X				0.	0.	0.
(217) Marco Priolo Treasurer	5.00	X		X				0.	0.	0.
(218) Amber Schon Treasurer	5.00	X		X				0.	0.	0.
(219) John Shurtliff Treasurer	5.00	X		X				0.	0.	0.
(220) Michelle Smith Treasurer	5.00	X		X				0.	0.	0.
(221) Nancy Smith Treasurer	5.00	X		X				0.	0.	0.
(222) Patricia Solis Treasurer	5.00	X		X				0.	0.	0.
(223) Eric Summers Treasurer	5.00	X		X				0.	0.	0.
(224) Rachel Vince Treasurer	5.00	X		X				0.	0.	0.
(225) Megan Warren Treasurer	5.00	X		X				0.	0.	0.
(226) Ryan Yeager Treasurer	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(227) Ed Finan Treasurer/Secretary	5.00	X		X				0.	0.	0.
(228) Kayla Gross Treasurer/Secretary	5.00	X		X				0.	0.	0.
(229) Ashley Hill Treasurer/Secretary	5.00	X		X				0.	0.	0.
(230) Marni Leonard Treasurer/Secretary	5.00	X		X				0.	0.	0.
(231) Sue Marr Treasurer/Secretary	5.00	X		X				0.	0.	0.
(232) Nelya Shymon Treasurer/Secretary	5.00	X		X				0.	0.	0.
(233) Alyson Belz Vice President	5.00	X		X				0.	0.	0.
(234) Adam Blackwell Vice President	5.00	X		X				0.	0.	0.
(235) Sommer Bockerstette Vice President	5.00	X		X				0.	0.	0.
(236) Aristides Castro Vice President	5.00	X		X				0.	0.	0.
(237) Hilary Christiansen Vice President	5.00	X		X				0.	0.	0.
(238) Katie Eckert Vice President	5.00	X		X				0.	0.	0.
(239) Matt Ellis Vice President	5.00	X		X				0.	0.	0.
(240) Joseph Favata Vice President	5.00	X		X				0.	0.	0.
(241) Lisa Gensinger Vice President	5.00	X		X				0.	0.	0.
(242) Courtney Guernsey Vice President	5.00	X		X				0.	0.	0.
(243) Kellie Hooper Vice President	5.00	X		X				0.	0.	0.
(244) Barbara Johnson Vice President	5.00	X		X				0.	0.	0.
(245) Clint Jones Vice President	5.00	X		X				0.	0.	0.
(246) Christopher Kubin Vice President	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(247) Cale Middleton Vice President	5.00	X		X				0.	0.	0.
(248) Anna Moynihan Vice President	5.00	X		X				0.	0.	0.
(249) Jill Nelson Vice President	5.00	X		X				0.	0.	0.
(250) Kayla Rhynalds Vice President	5.00	X		X				0.	0.	0.
(251) William Robinson Vice President	5.00	X		X				0.	0.	0.
(252) Heather Rose Vice President	5.00	X		X				0.	0.	0.
(253) Brittany Roth Vice President	5.00	X		X				0.	0.	0.
(254) Bette Schnur Vice President	5.00	X		X				0.	0.	0.
(255) Brade Schweitzer Vice President	5.00	X		X				0.	0.	0.
(256) Marie Smith Vice President	5.00	X		X				0.	0.	0.
(257) Sara Smith Vice President	5.00	X		X				0.	0.	0.
(258) Kathryn Topper Vice President	5.00	X		X				0.	0.	0.
(259) Paola Turchi Vice President	5.00	X		X				0.	0.	0.
(260) Darren Walkup Vice President	5.00	X		X				0.	0.	0.
(261) Eric Wilberg Vice President	5.00	X		X				0.	0.	0.
(262) Gretchen Works Vice President	5.00	X		X				0.	0.	0.
(263) Julie Alliman Past President (Voting)	2.50	X						0.	0.	0.
(264) Christine Aucreman Past President (Voting)	2.50	X						0.	0.	0.
(265) Nicholas Barbera Past President (Voting)	2.50	X						0.	0.	0.
(266) Mary Bennett Past President (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(267) Eric Bergeon Past President (Voting)	2.50	X						0.	0.	0.
(268) Lyndsy Blonquist Past President (Voting)	2.50	X						0.	0.	0.
(269) Barry Burkart Past President (Voting)	2.50	X						0.	0.	0.
(270) Jana Cook Past President (Voting)	2.50	X						0.	0.	0.
(271) Melissa Crass Past President (Voting)	2.50	X						0.	0.	0.
(272) Catherine Ekbohm Past President (Voting)	2.50	X						0.	0.	0.
(273) Wade Gallon Past President (Voting)	2.50	X						0.	0.	0.
(274) Andrew Gentzkow Past President (Voting)	2.50	X						0.	0.	0.
(275) Monroe Gierl Past President (Voting)	2.50	X						0.	0.	0.
(276) Nikki Graves Past President (Voting)	2.50	X						0.	0.	0.
(277) Robert Griffin Past President (Voting)	2.50	X						0.	0.	0.
(278) Andrew Hastings Past President (Voting)	2.50	X						0.	0.	0.
(279) Laurie Holtsford Past President (Voting)	2.50	X						0.	0.	0.
(280) Basak Kaya Past President (Voting)	2.50	X						0.	0.	0.
(281) Karen Kinsella Past President (Voting)	2.50	X						0.	0.	0.
(282) Louise Kiper Past President (Voting)	2.50	X						0.	0.	0.
(283) Julie Kressin Past President (Voting)	2.50	X						0.	0.	0.
(284) Marcia Leighton Past President (Voting)	2.50	X						0.	0.	0.
(285) Jonathan Levine Past President (Voting)	2.50	X						0.	0.	0.
(286) Jesse Maier Past President (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(287) Sofia Adaime Martinez Past President (Voting)	2.50	X						0.	0.	0.
(288) Diane McCarthy Past President (Voting)	2.50	X						0.	0.	0.
(289) Richard Nagy Past President (Voting)	2.50	X						0.	0.	0.
(290) Timothy Nese Past President (Voting)	2.50	X						0.	0.	0.
(291) Jess Paisley Past President (Voting)	2.50	X						0.	0.	0.
(292) Brian Pavona Past President (Voting)	2.50	X						0.	0.	0.
(293) Meredith Peterson Past President (Voting)	2.50	X						0.	0.	0.
(294) Andres Posada Past President (Voting)	2.50	X						0.	0.	0.
(295) Josh Richards Past President (Voting)	2.50	X						0.	0.	0.
(296) Tammy Rivera Past President (Voting)	2.50	X						0.	0.	0.
(297) Lexi Rommelman Past President (Voting)	2.50	X						0.	0.	0.
(298) Jyl Ruland Past President (Voting)	2.50	X						0.	0.	0.
(299) Kelly Rygielski Past President (Voting)	2.50	X						0.	0.	0.
(300) Mark Schneider Past President (Voting)	2.50	X						0.	0.	0.
(301) Matthew Schuster Past President (Voting)	2.50	X						0.	0.	0.
(302) David Schweer Past President (Voting)	2.50	X						0.	0.	0.
(303) Bart Shea Past President (Voting)	2.50	X						0.	0.	0.
(304) Bill Shrum Past President (Voting)	2.50	X						0.	0.	0.
(305) Donna Skura Past President (Voting)	2.50	X						0.	0.	0.
(306) Sean Smith Past President (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(307) Jill Squiers Past President (Voting)	2.50	X						0.	0.	0.
(308) Daniel Tadiello Past President (Voting)	2.50	X						0.	0.	0.
(309) Kate Tarr Past President (Voting)	2.50	X						0.	0.	0.
(310) Tesa Topley Past President (Voting)	2.50	X						0.	0.	0.
(311) Marlena Walker Past President (Voting)	2.50	X						0.	0.	0.
(312) Vonda Walters Past President (Voting)	2.50	X						0.	0.	0.
(313) Jordan Wathen Past President (Voting)	2.50	X						0.	0.	0.
(314) John Abreu Director (Voting)	2.50	X						0.	0.	0.
(315) Mary Ackley Director (Voting)	2.50	X						0.	0.	0.
(316) Charles Acquisto Director (Voting)	2.50	X						0.	0.	0.
(317) Rodney Adams Director (Voting)	2.50	X						0.	0.	0.
(318) Breanna Adzuara Director (Voting)	2.50	X						0.	0.	0.
(319) Jose Ajanel Director (Voting)	2.50	X						0.	0.	0.
(320) Celia Allen Director (Voting)	2.50	X						0.	0.	0.
(321) Jason Allen Director (Voting)	2.50	X						0.	0.	0.
(322) Nathan Allen Director (Voting)	2.50	X						0.	0.	0.
(323) Peggi Amstutz Director (Voting)	2.50	X						0.	0.	0.
(324) Erika Andrews Anderson Director (Voting)	2.50	X						0.	0.	0.
(325) Keith Anderson Director (Voting)	2.50	X						0.	0.	0.
(326) Hakeem Arogundade Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(327) Melissa Atkins Director (Voting)	2.50	X						0.	0.	0.
(328) Brian Babilon Director (Voting)	2.50	X						0.	0.	0.
(329) Steven Backus Director (Voting)	2.50	X						0.	0.	0.
(330) Richard Bame Director (Voting)	2.50	X						0.	0.	0.
(331) Stacey Basalla Director (Voting)	2.50	X						0.	0.	0.
(332) Kerry Bejarano Director (Voting)	2.50	X						0.	0.	0.
(333) Luke Bengel Director (Voting)	2.50	X						0.	0.	0.
(334) Chad Benson Director (Voting)	2.50	X						0.	0.	0.
(335) Scott Besler Director (Voting)	2.50	X						0.	0.	0.
(336) Chad Bianchi Director (Voting)	2.50	X						0.	0.	0.
(337) Tammy Bickle Director (Voting)	2.50	X						0.	0.	0.
(338) Andrew Blade Director (Voting)	2.50	X						0.	0.	0.
(339) Brian Blank Director (Voting)	2.50	X						0.	0.	0.
(340) Bryant Blay Director (Voting)	2.50	X						0.	0.	0.
(341) Pamela Blochlinger Director (Voting)	2.50	X						0.	0.	0.
(342) Gavin Blum Director (Voting)	2.50	X						0.	0.	0.
(343) Christina Bolanos Director (Voting)	2.50	X						0.	0.	0.
(344) Bill Bollinger Director (Voting)	2.50	X						0.	0.	0.
(345) Marcos Bonafede Director (Voting)	2.50	X						0.	0.	0.
(346) Mark Bonica Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(347) Neil Boudreaux Director (Voting)	2.50	X						0.	0.	0.
(348) Tiffany Bradeen Director (Voting)	2.50	X						0.	0.	0.
(349) Brandi Bradrick Director (Voting)	2.50	X						0.	0.	0.
(350) Robert Braun Director (Voting)	2.50	X						0.	0.	0.
(351) Chad Breidenbach Director (Voting)	2.50	X						0.	0.	0.
(352) Amanda Buirge Director (Voting)	2.50	X						0.	0.	0.
(353) Dirk Bunker Director (Voting)	2.50	X						0.	0.	0.
(354) Greg Burdett Director (Voting)	2.50	X						0.	0.	0.
(355) Shelby Burghardt Director (Voting)	2.50	X						0.	0.	0.
(356) Frank Burns Director (Voting)	2.50	X						0.	0.	0.
(357) Kevin Burns Director (Voting)	2.50	X						0.	0.	0.
(358) Elizabeth Byerly Director (Voting)	2.50	X						0.	0.	0.
(359) Laura Calkins Director (Voting)	2.50	X						0.	0.	0.
(360) Amy Canaday Director (Voting)	2.50	X						0.	0.	0.
(361) Tyrus Carson Director (Voting)	2.50	X						0.	0.	0.
(362) Roger Carter Director (Voting)	2.50	X						0.	0.	0.
(363) Marie Castro Director (Voting)	2.50	X						0.	0.	0.
(364) Kimberly Cavitt Director (Voting)	2.50	X						0.	0.	0.
(365) Bryan Chalmers Director (Voting)	2.50	X						0.	0.	0.
(366) Hugh Chisholm Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) Cally Christensen Director (Voting)	2.50	X						0.	0.	0.
(368) Carl Christensen Director (Voting)	2.50	X						0.	0.	0.
(369) Dana Christiansen Director (Voting)	2.50	X						0.	0.	0.
(370) Leslie Claas Director (Voting)	2.50	X						0.	0.	0.
(371) David Clark Director (Voting)	2.50	X						0.	0.	0.
(372) Dawn Coates Director (Voting)	2.50	X						0.	0.	0.
(373) Julio Colon Director (Voting)	2.50	X						0.	0.	0.
(374) Angela Confoey Director (Voting)	2.50	X						0.	0.	0.
(375) Brian Courtney Director (Voting)	2.50	X						0.	0.	0.
(376) William Craig Director (Voting)	2.50	X						0.	0.	0.
(377) Jayme Cramer Director (Voting)	2.50	X						0.	0.	0.
(378) James Cussins Director (Voting)	2.50	X						0.	0.	0.
(379) Chris Czvornyek Director (Voting)	2.50	X						0.	0.	0.
(380) Kevin Dadey Director (Voting)	2.50	X						0.	0.	0.
(381) John Dahmen Director (Voting)	2.50	X						0.	0.	0.
(382) Sanjiv Datt Director (Voting)	2.50	X						0.	0.	0.
(383) Andrew Davis Director (Voting)	2.50	X						0.	0.	0.
(384) Laurel Davis Director (Voting)	2.50	X						0.	0.	0.
(385) Rosemary De La Cruz Director (Voting)	2.50	X						0.	0.	0.
(386) Tabitha Dean Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(387) Mike DeMotte Director (Voting)	2.50	X						0.	0.	0.
(388) Michael Devall Director (Voting)	2.50	X						0.	0.	0.
(389) Amy Devinney Director (Voting)	2.50	X						0.	0.	0.
(390) Nicholas DiBartolo Director (Voting)	2.50	X						0.	0.	0.
(391) Tamara Dickey Director (Voting)	2.50	X						0.	0.	0.
(392) Girish Dighe Director (Voting)	2.50	X						0.	0.	0.
(393) Sue DiMatteo Director (Voting)	2.50	X						0.	0.	0.
(394) Jennifer Doll Director (Voting)	2.50	X						0.	0.	0.
(395) Gevin Dray Director (Voting)	2.50	X						0.	0.	0.
(396) Reba Dresen Director (Voting)	2.50	X						0.	0.	0.
(397) Jason Driskell Director (Voting)	2.50	X						0.	0.	0.
(398) Wendy Dumais Director (Voting)	2.50	X						0.	0.	0.
(399) Tammy Dumlao Director (Voting)	2.50	X						0.	0.	0.
(400) Michelle Earich Director (Voting)	2.50	X						0.	0.	0.
(401) Meagan Edgren Director (Voting)	2.50	X						0.	0.	0.
(402) Brandon Eggleston Director (Voting)	2.50	X						0.	0.	0.
(403) Catherine Ehrman Director (Voting)	2.50	X						0.	0.	0.
(404) Kevin Enriques Director (Voting)	2.50	X						0.	0.	0.
(405) Elizabeth Erten Director (Voting)	2.50	X						0.	0.	0.
(406) Samantha Evans Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(407) Amber Farnworth Director (Voting)	2.50	X						0.	0.	0.
(408) Anthony Felipe Director (Voting)	2.50	X						0.	0.	0.
(409) Shannon Fernandez Director (Voting)	2.50	X						0.	0.	0.
(410) Alex Filipiak Director (Voting)	2.50	X						0.	0.	0.
(411) Stephanie Fischer Director (Voting)	2.50	X						0.	0.	0.
(412) Matthew Fisher Director (Voting)	2.50	X						0.	0.	0.
(413) Terri Floyd Director (Voting)	2.50	X						0.	0.	0.
(414) Antonio Fonseca Director (Voting)	2.50	X						0.	0.	0.
(415) Nicole Fountain Director (Voting)	2.50	X						0.	0.	0.
(416) Kate Frederick Director (Voting)	2.50	X						0.	0.	0.
(417) Kyle Fredette Director (Voting)	2.50	X						0.	0.	0.
(418) Barbara French Director (Voting)	2.50	X						0.	0.	0.
(419) Howard Gaines Director (Voting)	2.50	X						0.	0.	0.
(420) Michael Gallimore Director (Voting)	2.50	X						0.	0.	0.
(421) Dyana Garcia Director (Voting)	2.50	X						0.	0.	0.
(422) Rob Gasaway Director (Voting)	2.50	X						0.	0.	0.
(423) Laraine Gengler Director (Voting)	2.50	X						0.	0.	0.
(424) Stephanie Gerez Director (Voting)	2.50	X						0.	0.	0.
(425) Jason Gibbons Director (Voting)	2.50	X						0.	0.	0.
(426) Amy Gill Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(427) Jason Gizzi Director (Voting)	2.50	X						0.	0.	0.
(428) David Glazener Director (Voting)	2.50	X						0.	0.	0.
(429) Derek Goebel Director (Voting)	2.50	X						0.	0.	0.
(430) Oscar Gonzalez Director (Voting)	2.50	X						0.	0.	0.
(431) Christine Gordon Director (Voting)	2.50	X						0.	0.	0.
(432) Kim Granfor Director (Voting)	2.50	X						0.	0.	0.
(433) Susan Graves Director (Voting)	2.50	X						0.	0.	0.
(434) Becky Greenfield Director (Voting)	2.50	X						0.	0.	0.
(435) Eva Greenwood Director (Voting)	2.50	X						0.	0.	0.
(436) DeAnn Griffin Director (Voting)	2.50	X						0.	0.	0.
(437) Brian Grimes Director (Voting)	2.50	X						0.	0.	0.
(438) Rachel Grulke Director (Voting)	2.50	X						0.	0.	0.
(439) Jacqueline Guillermo Director (Voting)	2.50	X						0.	0.	0.
(440) Helen Haas Director (Voting)	2.50	X						0.	0.	0.
(441) Karl Hagen Director (Voting)	2.50	X						0.	0.	0.
(442) Heidi Hamby Director (Voting)	2.50	X						0.	0.	0.
(443) Rhonda Hamm Director (Voting)	2.50	X						0.	0.	0.
(444) Karoleen Hammel Director (Voting)	2.50	X						0.	0.	0.
(445) Alicia Hanson Director (Voting)	2.50	X						0.	0.	0.
(446) Amy Hardesty Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(447) Dayle Harlow Director (Voting)	2.50	X						0.	0.	0.
(448) Rachel Hatt Director (Voting)	2.50	X						0.	0.	0.
(449) Courtney Hawkins Director (Voting)	2.50	X						0.	0.	0.
(450) Bradley Haynes Director (Voting)	2.50	X						0.	0.	0.
(451) Molly Hazen Director (Voting)	2.50	X						0.	0.	0.
(452) Jared Heim Director (Voting)	2.50	X						0.	0.	0.
(453) Denny Henderson Director (Voting)	2.50	X						0.	0.	0.
(454) Brian Herdman Director (Voting)	2.50	X						0.	0.	0.
(455) Ramona Hernandez Director (Voting)	2.50	X						0.	0.	0.
(456) Keri Hindman Director (Voting)	2.50	X						0.	0.	0.
(457) Audra Hoffmann Director (Voting)	2.50	X						0.	0.	0.
(458) Shelby Hogue Director (Voting)	2.50	X						0.	0.	0.
(459) Nina Hollingsworth Director (Voting)	2.50	X						0.	0.	0.
(460) Alece Hon Director (Voting)	2.50	X						0.	0.	0.
(461) Steven Honeywell Director (Voting)	2.50	X						0.	0.	0.
(462) Amy Hornbacher Director (Voting)	2.50	X						0.	0.	0.
(463) Beau Hultquist Director (Voting)	2.50	X						0.	0.	0.
(464) Charles Hyatt Director (Voting)	2.50	X						0.	0.	0.
(465) Katherine Iaconetti Director (Voting)	2.50	X						0.	0.	0.
(466) David Imus Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(467) Thomas Jabro Director (Voting)	2.50	X						0.	0.	0.
(468) Emily Anne Jacobstein Director (Voting)	2.50	X						0.	0.	0.
(469) Shaun Johnson Director (Voting)	2.50	X						0.	0.	0.
(470) Suzanne Jordan-Williams Director (Voting)	2.50	X						0.	0.	0.
(471) Matthew Kamien Director (Voting)	2.50	X						0.	0.	0.
(472) Robert Karl Director (Voting)	2.50	X						0.	0.	0.
(473) Jane Kaye Director (Voting)	2.50	X						0.	0.	0.
(474) Kim Keenoy Director (Voting)	2.50	X						0.	0.	0.
(475) Bob Keith Director (Voting)	2.50	X						0.	0.	0.
(476) Brittany Kelley Director (Voting)	2.50	X						0.	0.	0.
(477) Clayton Kelly Director (Voting)	2.50	X						0.	0.	0.
(478) Deborah Kelly Director (Voting)	2.50	X						0.	0.	0.
(479) Jeffrey Kelly Director (Voting)	2.50	X						0.	0.	0.
(480) Mollee Key Director (Voting)	2.50	X						0.	0.	0.
(481) Melinda Kilroy Director (Voting)	2.50	X						0.	0.	0.
(482) Vince King Director (Voting)	2.50	X						0.	0.	0.
(483) Amanda Kinman Director (Voting)	2.50	X						0.	0.	0.
(484) Brian Kirkendall Director (Voting)	2.50	X						0.	0.	0.
(485) Warren Kloter Director (Voting)	2.50	X						0.	0.	0.
(486) Kelly Knorr Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(487) Xhemil (John) Koliani Director (Voting)	2.50	X						0.	0.	0.
(488) Michael Kos Director (Voting)	2.50	X						0.	0.	0.
(489) George Kruger Director (Voting)	2.50	X						0.	0.	0.
(490) Christian Kulak Director (Voting)	2.50	X						0.	0.	0.
(491) Linda Kulhanek Director (Voting)	2.50	X						0.	0.	0.
(492) Erin Kurtz Director (Voting)	2.50	X						0.	0.	0.
(493) Nicholas Kuzera Director (Voting)	2.50	X						0.	0.	0.
(494) Lawrence Laddaga Director (Voting)	2.50	X						0.	0.	0.
(495) Mary Laile Director (Voting)	2.50	X						0.	0.	0.
(496) Kiet Lam Director (Voting)	2.50	X						0.	0.	0.
(497) Lori Lawther Director (Voting)	2.50	X						0.	0.	0.
(498) Priacilla Leatherman Director (Voting)	2.50	X						0.	0.	0.
(499) Richard Lerch Director (Voting)	2.50	X						0.	0.	0.
(500) Sarah Lewis Director (Voting)	2.50	X						0.	0.	0.
(501) Susane Lim Director (Voting)	2.50	X						0.	0.	0.
(502) John Lindaman Director (Voting)	2.50	X						0.	0.	0.
(503) Joe Lodge Director (Voting)	2.50	X						0.	0.	0.
(504) Chris Loftin Director (Voting)	2.50	X						0.	0.	0.
(505) Connor Loftus Director (Voting)	2.50	X						0.	0.	0.
(506) Jeff Logan Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(507) Matt Logan Director (Voting)	2.50	X						0.	0.	0.
(508) Cori Loomis Director (Voting)	2.50	X						0.	0.	0.
(509) Mike Lorenz Director (Voting)	2.50	X						0.	0.	0.
(510) Amanda Lowry Director (Voting)	2.50	X						0.	0.	0.
(511) Sarah Lucas Director (Voting)	2.50	X						0.	0.	0.
(512) Chris Maeder Director (Voting)	2.50	X						0.	0.	0.
(513) Artem Maksutov Director (Voting)	2.50	X						0.	0.	0.
(514) Chantily Malibago Director (Voting)	2.50	X						0.	0.	0.
(515) Michele Marcum Director (Voting)	2.50	X						0.	0.	0.
(516) AnnMarie Martinez Director (Voting)	2.50	X						0.	0.	0.
(517) Amanda Martinez-Reyes Director (Voting)	2.50	X						0.	0.	0.
(518) John Maschger Director (Voting)	2.50	X						0.	0.	0.
(519) Tom Matonican Director (Voting)	2.50	X						0.	0.	0.
(520) Frank Matricardi Director (Voting)	2.50	X						0.	0.	0.
(521) Lynn Matusik Director (Voting)	2.50	X						0.	0.	0.
(522) Kelli McCarty Director (Voting)	2.50	X						0.	0.	0.
(523) Mitzi McCulloch Director (Voting)	2.50	X						0.	0.	0.
(524) Ryan McGinnis Director (Voting)	2.50	X						0.	0.	0.
(525) Matt McHan Director (Voting)	2.50	X						0.	0.	0.
(526) Michael McKeever Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(527) John McMullin Director (Voting)	2.50	X						0.	0.	0.
(528) BreAnn Meadows Director (Voting)	2.50	X						0.	0.	0.
(529) Stacey Medeiros Director (Voting)	2.50	X						0.	0.	0.
(530) Praveen Mekala Director (Voting)	2.50	X						0.	0.	0.
(531) Ryan Messer Director (Voting)	2.50	X						0.	0.	0.
(532) Jason Meyer Director (Voting)	2.50	X						0.	0.	0.
(533) April Miller Director (Voting)	2.50	X						0.	0.	0.
(534) Jonathan Miller Director (Voting)	2.50	X						0.	0.	0.
(535) Stephen Miller Director (Voting)	2.50	X						0.	0.	0.
(536) Jeff Mincher Director (Voting)	2.50	X						0.	0.	0.
(537) Jordan Mitchell Director (Voting)	2.50	X						0.	0.	0.
(538) Holly Moen Director (Voting)	2.50	X						0.	0.	0.
(539) Marci Mollman Director (Voting)	2.50	X						0.	0.	0.
(540) Tige Monacelli Director (Voting)	2.50	X						0.	0.	0.
(541) Brianna Monroe Director (Voting)	2.50	X						0.	0.	0.
(542) James Monroe Director (Voting)	2.50	X						0.	0.	0.
(543) Lisa Replogle Montman Director (Voting)	2.50	X						0.	0.	0.
(544) Nicole Moscatelli Director (Voting)	2.50	X						0.	0.	0.
(545) Mark Mountjoy Director (Voting)	2.50	X						0.	0.	0.
(546) Christopher Mouradian Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(547) Fatimah Muhammad Director (Voting)	2.50	X						0.	0.	0.
(548) Andrew Murray Director (Voting)	2.50	X						0.	0.	0.
(549) David Murray Director (Voting)	2.50	X						0.	0.	0.
(550) Dustin Nelson Director (Voting)	2.50	X						0.	0.	0.
(551) Craig Nesta Director (Voting)	2.50	X						0.	0.	0.
(552) April Nettleton Director (Voting)	2.50	X						0.	0.	0.
(553) John Nettuno Director (Voting)	2.50	X						0.	0.	0.
(554) Amanda Newell Director (Voting)	2.50	X						0.	0.	0.
(555) Nichole Niesen Director (Voting)	2.50	X						0.	0.	0.
(556) Daisy Noguera Director (Voting)	2.50	X						0.	0.	0.
(557) Colleen Nolan Director (Voting)	2.50	X						0.	0.	0.
(558) Shawn Nowlan Director (Voting)	2.50	X						0.	0.	0.
(559) Joseph O'Connell Director (Voting)	2.50	X						0.	0.	0.
(560) Marcia Olson Director (Voting)	2.50	X						0.	0.	0.
(561) Kevin Olvera Director (Voting)	2.50	X						0.	0.	0.
(562) Nicole Orange Director (Voting)	2.50	X						0.	0.	0.
(563) Melissa Oribello Director (Voting)	2.50	X						0.	0.	0.
(564) Tammy Ormuz Director (Voting)	2.50	X						0.	0.	0.
(565) Eddie Ortiz Director (Voting)	2.50	X						0.	0.	0.
(566) Barney Osborne Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(567) Scott Ostenson Director (Voting)	2.50	X						0.	0.	0.
(568) Rennie Otake Director (Voting)	2.50	X						0.	0.	0.
(569) Iris Otero Director (Voting)	2.50	X						0.	0.	0.
(570) Beth O'Toole Director (Voting)	2.50	X						0.	0.	0.
(571) Patrick Ouellette Director (Voting)	2.50	X						0.	0.	0.
(572) John Pace Director (Voting)	2.50	X						0.	0.	0.
(573) Janelle Padgett Director (Voting)	2.50	X						0.	0.	0.
(574) Emily Seitz Pawlak Director (Voting)	2.50	X						0.	0.	0.
(575) Christy Pehanich Director (Voting)	2.50	X						0.	0.	0.
(576) Derick Perkins Director (Voting)	2.50	X						0.	0.	0.
(577) Cindy Petty Director (Voting)	2.50	X						0.	0.	0.
(578) Nancy Pierce Director (Voting)	2.50	X						0.	0.	0.
(579) Kevin Pippin Director (Voting)	2.50	X						0.	0.	0.
(580) Kimberly Polanco Director (Voting)	2.50	X						0.	0.	0.
(581) Tim Powers Director (Voting)	2.50	X						0.	0.	0.
(582) Lawrence Preston Director (Voting)	2.50	X						0.	0.	0.
(583) Eric Pritzl Director (Voting)	2.50	X						0.	0.	0.
(584) Niobis Queiro Director (Voting)	2.50	X						0.	0.	0.
(585) Scott Raberge Director (Voting)	2.50	X						0.	0.	0.
(586) Radha Radhakrishna Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(587) Matthew Rakay Director (Voting)	2.50	X						0.	0.	0.
(588) Stephanie Ray Director (Voting)	2.50	X						0.	0.	0.
(589) Amy Raymond Director (Voting)	2.50	X						0.	0.	0.
(590) Amina Razanica Director (Voting)	2.50	X						0.	0.	0.
(591) Joshua Reaper Director (Voting)	2.50	X						0.	0.	0.
(592) Jennifer Reed Director (Voting)	2.50	X						0.	0.	0.
(593) Katie Reid Director (Voting)	2.50	X						0.	0.	0.
(594) Richard Reid Director (Voting)	2.50	X						0.	0.	0.
(595) Andrew Reiten Director (Voting)	2.50	X						0.	0.	0.
(596) Mary Remorenko Director (Voting)	2.50	X						0.	0.	0.
(597) Wendy Reynolds Director (Voting)	2.50	X						0.	0.	0.
(598) Susan Richardson Director (Voting)	2.50	X						0.	0.	0.
(599) Akvilina Rieger Director (Voting)	2.50	X						0.	0.	0.
(600) Michelle Roberts Director (Voting)	2.50	X						0.	0.	0.
(601) Sabrina Robinson Director (Voting)	2.50	X						0.	0.	0.
(602) Amanda Rocker Director (Voting)	2.50	X						0.	0.	0.
(603) Stephen Rogers Director (Voting)	2.50	X						0.	0.	0.
(604) Julie Rojahn Director (Voting)	2.50	X						0.	0.	0.
(605) Nardy Delgado Roman Director (Voting)	2.50	X						0.	0.	0.
(606) Linda Roney Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(607) Phil Rooney Director (Voting)	2.50	X						0.	0.	0.
(608) Nicole Rosen Director (Voting)	2.50	X						0.	0.	0.
(609) Meghan Rossato Director (Voting)	2.50	X						0.	0.	0.
(610) Erin Rowden Director (Voting)	2.50	X						0.	0.	0.
(611) Peter Sabal Director (Voting)	2.50	X						0.	0.	0.
(612) Ashley Sanders Director (Voting)	2.50	X						0.	0.	0.
(613) Elizabeth Saylor Director (Voting)	2.50	X						0.	0.	0.
(614) Dan Schlabach Director (Voting)	2.50	X						0.	0.	0.
(615) Nikki Schmidt Director (Voting)	2.50	X						0.	0.	0.
(616) Sheila Seal Director (Voting)	2.50	X						0.	0.	0.
(617) Peter Seaman Director (Voting)	2.50	X						0.	0.	0.
(618) Sharlene Seidman Director (Voting)	2.50	X						0.	0.	0.
(619) Anna Sharpe Director (Voting)	2.50	X						0.	0.	0.
(620) Kurt Shipley Director (Voting)	2.50	X						0.	0.	0.
(621) Dennis Shirley Director (Voting)	2.50	X						0.	0.	0.
(622) Cristen Simkonis Director (Voting)	2.50	X						0.	0.	0.
(623) Brent Smith Director (Voting)	2.50	X						0.	0.	0.
(624) Shelly Smith Director (Voting)	2.50	X						0.	0.	0.
(625) Stephen Smith Director (Voting)	2.50	X						0.	0.	0.
(626) Stephanie Solich Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(627) Blake Sorrell Director (Voting)	2.50	X						0.	0.	0.
(628) Phillip de Souza Director (Voting)	2.50	X						0.	0.	0.
(629) Carrie Fuller Spencer Director (Voting)	2.50	X						0.	0.	0.
(630) Erin Squires Director (Voting)	2.50	X						0.	0.	0.
(631) Pam Stampfli Director (Voting)	2.50	X						0.	0.	0.
(632) Holly Stanley Director (Voting)	2.50	X						0.	0.	0.
(633) Dawn Stark Director (Voting)	2.50	X						0.	0.	0.
(634) Christina Steiner Director (Voting)	2.50	X						0.	0.	0.
(635) Allen Still Director (Voting)	2.50	X						0.	0.	0.
(636) Tina Stone Director (Voting)	2.50	X						0.	0.	0.
(637) Matthew Streeter Director (Voting)	2.50	X						0.	0.	0.
(638) Justin Stroud Director (Voting)	2.50	X						0.	0.	0.
(639) William Sullivan Director (Voting)	2.50	X						0.	0.	0.
(640) Shelby Suzuki Director (Voting)	2.50	X						0.	0.	0.
(641) Rostina Swindall Director (Voting)	2.50	X						0.	0.	0.
(642) Barbara Tapscott Director (Voting)	2.50	X						0.	0.	0.
(643) Robert Taylor Director (Voting)	2.50	X						0.	0.	0.
(644) Ashley Teeters Director (Voting)	2.50	X						0.	0.	0.
(645) Sadaf Tehrani Director (Voting)	2.50	X						0.	0.	0.
(646) Heather Thomas Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(647) Candy Thompson Director (Voting)	2.50	X						0.	0.	0.
(648) Denise Tobin Director (Voting)	2.50	X						0.	0.	0.
(649) Mayra Torres Director (Voting)	2.50	X						0.	0.	0.
(650) Ricardo Torres Director (Voting)	2.50	X						0.	0.	0.
(651) Wendy Torres Director (Voting)	2.50	X						0.	0.	0.
(652) Edward Townsend Director (Voting)	2.50	X						0.	0.	0.
(653) R. Trostel Director (Voting)	2.50	X						0.	0.	0.
(654) Jennifer Troxell Director (Voting)	2.50	X						0.	0.	0.
(655) David Tucker Director (Voting)	2.50	X						0.	0.	0.
(656) Esvin Tuesta Director (Voting)	2.50	X						0.	0.	0.
(657) Rona Ursua Director (Voting)	2.50	X						0.	0.	0.
(658) Courtney Vandal Director (Voting)	2.50	X						0.	0.	0.
(659) Kayla Vanderbilt Director (Voting)	2.50	X						0.	0.	0.
(660) Carlos Varela Director (Voting)	2.50	X						0.	0.	0.
(661) Heather Velaga Director (Voting)	2.50	X						0.	0.	0.
(662) Christine Venard Director (Voting)	2.50	X						0.	0.	0.
(663) Lynette Vermillion Director (Voting)	2.50	X						0.	0.	0.
(664) Cecilia Vigil Director (Voting)	2.50	X						0.	0.	0.
(665) Nichole Wachtman Director (Voting)	2.50	X						0.	0.	0.
(666) John Wagner Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(667) Melissa Wagner Director (Voting)	2.50	X						0.	0.	0.
(668) Jeffrey Walla Director (Voting)	2.50	X						0.	0.	0.
(669) Antoinette Washington Director (Voting)	2.50	X						0.	0.	0.
(670) Jessica Washington Director (Voting)	2.50	X						0.	0.	0.
(671) Alanna Weaver Director (Voting)	2.50	X						0.	0.	0.
(672) Wende Weckbacher Director (Voting)	2.50	X						0.	0.	0.
(673) Kristen Weetenkamp Director (Voting)	2.50	X						0.	0.	0.
(674) Lisa Weinstein Director (Voting)	2.50	X						0.	0.	0.
(675) Ashly Wert Director (Voting)	2.50	X						0.	0.	0.
(676) Jennifer Whipple Director (Voting)	2.50	X						0.	0.	0.
(677) Allison White Director (Voting)	2.50	X						0.	0.	0.
(678) Amanda Wickard Director (Voting)	2.50	X						0.	0.	0.
(679) Mary Wickersham Director (Voting)	2.50	X						0.	0.	0.
(680) Brad Willkie Director (Voting)	2.50	X						0.	0.	0.
(681) Tracy Wimmer Director (Voting)	2.50	X						0.	0.	0.
(682) Matthew Wolf Director (Voting)	2.50	X						0.	0.	0.
(683) William Wollman Director (Voting)	2.50	X						0.	0.	0.
(684) Joshua Wood Director (Voting)	2.50	X						0.	0.	0.
(685) Ashley Woodward Director (Voting)	2.50	X						0.	0.	0.
(686) Christa Wright Director (Voting)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990

23-7037143

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(687) Scott Wuenschell Director (Voting)	2.50	X						0.	0.	0.
(688) Stephen Yates Director (Voting)	2.50	X						0.	0.	0.
(689) Jason Yungtum Director (Voting)	2.50	X						0.	0.	0.
(690) Charles Zanazzi Director (Voting)	2.50	X						0.	0.	0.
(691) Luke Zarecor Director (Voting)	2.50	X						0.	0.	0.
(692) Kimberly Zeltsar Director (Voting)	2.50	X						0.	0.	0.
(693) John Ziegler Director (Voting)	2.50	X						0.	0.	0.
(694) Robin Ziegler Director (Voting)	2.50	X						0.	0.	0.
(695) Danielle Zimmerman Director (Voting)	2.50	X						0.	0.	0.
(696) C. Ann Jordan President & CEO	0.10			X				0.	0.	0.
(697) Steve Saldivar CFO	0.10			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a Sponsorship	Business Code	611710	6,371,883.	6,371,883.		
	b Meeting Income		611430	4,624,900.	4,624,900.		
	c Membership Dues		611430	65,728.	65,728.		
	d Publications		513120	7,587.	7,587.		
	e						
	f All other program service revenue		900099	20,164.	20,164.		
	g Total. Add lines 2a-2f				11,090,262.		
	3 Investment income (including dividends, interest, and other similar amounts)				115,249.		115,249.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
			101,151.				
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c	101,151.				
	d Net gain or (loss)				101,151.		101,151.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				11,306,662.	11090262.	0.

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,401.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,828.			
11 Fees for services (nonemployees):				
a Management	354,347.			
b Legal				
c Accounting	78,128.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,888.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	193,069.			
12 Advertising and promotion				
13 Office expenses	373,995.			
14 Information technology	36,093.			
15 Royalties				
16 Occupancy				
17 Travel	1,205,624.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,147,773.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	890.			
23 Insurance	1,139.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Awards	57,293.			
b Printing and Publicatio	22,756.			
c				
d				
e All other expenses	317,857.			
25 Total functional expenses. Add lines 1 through 24e	10,826,081.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,249,121.	1	7,566,742.
	2 Savings and temporary cash investments	4,262,662.	2	4,468,626.
	3 Pledges and grants receivable, net	689,453.	3	776,364.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	340,472.	9	376,280.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,686.		
	b Less: accumulated depreciation	0.		
	11 Investments - publicly traded securities	1,310.	10c	2,686.
	12 Investments - other securities. See Part IV, line 11	2,292,865.	11	2,435,072.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	124,400.	14	143,684.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,960,283.	15	15,769,454.	
Liabilities	17 Accounts payable and accrued expenses	1,014,808.	16	1,451,097.
	18 Grants payable		17	
	19 Deferred revenue	1,355,380.	18	1,124,481.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	119,577.	24	98,638.
	26 Total liabilities. Add lines 17 through 25	2,489,765.	25	2,674,216.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		12,470,518.	26	13,095,238.
28 Net assets with donor restrictions			27	
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			28	
30 Paid-in or capital surplus, or land, building, or equipment fund			29	
31 Retained earnings, endowment, accumulated income, or other funds			30	
32 Total net assets or fund balances		12,470,518.	31	13,095,238.
33 Total liabilities and net assets/fund balances		14,960,283.	32	15,769,454.

Form **990** (2023)

**Healthcare Financial Management
Association Group Return**

Form 990 (2023)

23-7037143 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,306,662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,826,081.
3	Revenue less expenses. Subtract line 2 from line 1	3	480,581.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,470,518.
5	Net unrealized gains (losses) on investments	5	143,586.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	553.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,095,238.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

Form 990	Line H(b) - List of Affiliated Organizations Included in Group Return	Statement 1
----------	--	-------------

<u>Name of Organization</u>	<u>Organization's Address</u>	<u>Employer ID</u>
Central Pennsylvania Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8908213
Nebraska Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8921409
Central Ohio Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0173875
Connecticut Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266785
Michigan Great Lakes Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0206453
First Illinois Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8908384
Indiana Pressler Memorial Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0173810
Iowa Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8641631
Sunflower (Kansas) Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0180406
Northern New England Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8919744
Massachusetts-Rhode Island Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0267035

Greater Illinois Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0206827
Metropolitan New York Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266961
Minnesota Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0174008
New Jersey Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266857
North Dakota Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8921672
Northeast Ohio Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0267100
Northeastern Pennsylvania Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0267070
Northwest Ohio Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0180270
Rochester Regional Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0180338
South Dakota Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8921559
Southwestern Ohio Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8921622
Western Pennsylvania Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266715
Metropolitan Philadelphia Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0173989
Alabama Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0198218
Arizona Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0173605
Arkansas Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0206558
Lone Star Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8939028
Colorado Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0173905
Florida Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8938813

Georgia Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8919270
Hawaii Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8919393
Idaho Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8919655
Kentucky Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0206709
Louisiana Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8791114
Maryland Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8921362
Mississippi Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0180014
Montana Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0206888
New Mexico Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0180089
North Carolina Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266883
Northern California Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0180211
Oklahoma Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8921455
Oregon Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0207035
San Diego-Imperial Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0207149
South Carolina Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8791193
Tennessee Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8791212
Texas Gulf Coast Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0267128
Utah Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8938864
Washington-Alaska Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266664

<u>Healthcare Financial Management Associat</u>		<u>23-7037143</u>
South Texas Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0138808
Nevada Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266752
Wyoming Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0207629
Wisconsin Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0266618
Virginia-Washington DC Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0207584
West Virginia Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0217502
Puerto Rico Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8938918
Southern California Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	26-0207449
Greater Heartland Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	83-1647010
Empire New York Chapter	2001 Butterfield Rd, Suite 1500 - Downers Grove, IL 60515	20-8776632

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **Healthcare Financial Management
Association Group Return**

Employer identification number
23-7037143

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,686.		2,686.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,686.

**Healthcare Financial Management
Association Group Return**

Schedule D (Form 990) 2023

23-7037143 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Scholarship Fund Reserve	98,638.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	98,638.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2023

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
-----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII	Supplemental Information
------------------	---------------------------------

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Healthcare Financial Management
Association Group Return

Employer identification number
23-7037143

Form 990, Part I, Line 1, Description of Organization Mission:

industry; conduct and participate in education programs; provide media
for interchange of ideas and dissemination of materials relative to
financial management and strengthen cooperation among individuals of
varying disciplines in financial management.

Form 990, Part III, Line 1, Description of Organization Mission:

strengthen cooperation among individuals of varying disciplines in
financial management.

Form 990, Part VI, Section A, line 6:

The Association has 120,501 professional members who work in industry
related financial positions in healthcare financial management.

Form 990, Part VI, Section A, line 7a:

HFMA chapter members participate in the board officer and directors
election process. Each member is entitled to one vote when voting for
officers and directors.

Form 990, Part VI, Section A, line 7b:

HFMA members are entitled to one vote on each matter submitted to the vote
of the members. In addition to voting for officers and directors, and
approving amendments to the bylaws, as provided under the HFMA bylaws, HFMA
members, by virtue of Illinois law, would be required to approve any
decision by the Board of Directors to engage in the following corporate
transactions: merger or consolidation; dissolution; and amendment of the

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization **Healthcare Financial Management
Association Group Return**

Employer identification number
23-7037143

articles of incorporation.

Form 990, Part VI, Section B, line 11b:

The Chapter Audit & Finance Committees and/or Chapter Board Members were provided a copy of the individual chapter 990 tax information reporting documents prior to its consolidation into the IRS Form 990 tax filing.

Form 990, Part VI, Section B, Line 12c:

Annually, the Association requires its board members to comply with its Conflict of Interest policy and affirm compliance with its official board reporting policy.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial statements are available upon request for the same period of disclosure as set forth in IRC Section 6104(d).