

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.

A For the 2019 calendar year, or tax year beginning **JUN 1, 2019** and ending **MAY 31, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 3 Westbrook Corporate Center 600 City or town, state or province, country, and ZIP or foreign postal code Westchester, IL 60154 F Name and address of principal officer: Joseph J. Fifer same as C above	D Employer identification number 23-7037143 E Telephone number 708-531-9600 G Gross receipts \$ 9,955,385. H(a) Is this a group return Stmt 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1995
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969 M State of legal domicile: IL

Part I Summary

	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	815
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	815
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	2286
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,273,029.	9,886,022.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,458.	66,942.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,507.	2,421.
			11,399,994.	9,955,385.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	50,000.
	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)	41,302.	35,162.
	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)	11,499,629.	8,678,209.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,540,931.	8,763,371.	
	19 Revenue less expenses. Subtract line 18 from line 12	-140,937.	1,192,014.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	13,390,618.	13,458,507.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,602,924.	1,435,488.
		10,787,694.	12,023,019.	

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 Joyce Zimowski, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name Rebekuh Eley	Preparer's signature <i>Rebekuh Eley</i>	Date 4/7/2021	Check if self-employed <input type="checkbox"/>	PTIN P01247672
	Firm's name ▶ RSM US LLP Firm's address ▶ 30 S. Wacker Drive, Ste 3300 Chicago, IL 60606	Firm's EIN ▶ 42-0714325 Phone no. 312-634-3400			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Healthcare Financial Management
Association Group Return

Form 990 (2019)

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 \$ 5,819,406. including grants of \$ _____) (Revenue \$ 9,841,122.)
Education - HFMA's 64 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 \$ 2,943,965. including grants of \$ _____) (Revenue \$ 44,900.)
Publications - Newsletters & Membership directories - HFMA's 64 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 **8,763,371.**

**Healthcare Financial Management
Association Group Return**

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>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		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>		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>		
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>	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>		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>		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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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</i>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

**Healthcare Financial Management
Association Group Return**

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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash 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 in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

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	91
b Enter the number of Forms W-2G included in 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**

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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**Healthcare Financial Management
Association Group Return**

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

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	815		
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.			
b Enter the number of voting members included on line 1a, above, who are independent	815		
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 in 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 in 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 in 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
3 Westbrook Corporate Center, Westchester, IL 60154

**Healthcare Financial Management
Association Group Return**

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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(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			
(1) Joseph J. Fifer President & CEO	0.00 40.00			X				0.	719,416.	110,402.
(2) Joyce Zimowski SVP/CFO	0.00 40.00			X				0.	319,541.	29,275.
(3) Aaron Bouw President	5.00 0.00	X		X				0.	0.	0.
(4) Alanna Weaver President	5.00 0.00	X		X				0.	0.	0.
(5) Anne Del Pizzo President	5.00 0.00	X		X				0.	0.	0.
(6) Barbara Lynch President	5.00 0.00	X		X				0.	0.	0.
(7) Barry Burkart President	5.00 0.00	X		X				0.	0.	0.
(8) Bill Bollinger President	5.00 0.00	X		X				0.	0.	0.
(9) Brad Arthur President	5.00 0.00	X		X				0.	0.	0.
(10) Bridget Cutchen President	5.00 0.00	X		X				0.	0.	0.
(11) Chad Krcil President	5.00 0.00	X		X				0.	0.	0.
(12) Cheryl Spanier President	5.00 0.00	X		X				0.	0.	0.
(13) Chris Maeder President	5.00 0.00	X		X				0.	0.	0.
(14) Christina Steiner President	5.00 0.00	X		X				0.	0.	0.
(15) David Kreider President	5.00 0.00	X		X				0.	0.	0.
(16) David Schweer President	5.00 0.00	X		X				0.	0.	0.
(17) David Tolley President	5.00 0.00	X		X				0.	0.	0.

**Healthcare Financial Management
Association Group Return**

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)	(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			
(18) Debra Trumbull President	5.00 0.00	X		X				0.	0.	0.
(19) Diane McCarthy President	5.00 0.00	X		X				0.	0.	0.
(20) Eric Garrison President	5.00 0.00	X		X				0.	0.	0.
(21) Gina Churchill President	5.00 0.00	X		X				0.	0.	0.
(22) Henry Harvey President	5.00 0.00	X		X				0.	0.	0.
(23) Hilaree Collins President	5.00 0.00	X		X				0.	0.	0.
(24) Jack Lynn President	5.00 0.00	X		X				0.	0.	0.
(25) Jacqueline Phillips President	5.00 0.00	X		X				0.	0.	0.
(26) James Case President	5.00 0.00	X		X				0.	0.	0.
1b Subtotal								0.	1,038,957.	139,677.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,038,957.	139,677.

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 P.O. Box 96118 , Las Vegas, NV 89193	Hotel Services	370,609.
Belmond Charleston Place 205 Meeting Street, Charleston, SC 29401	Conference Venue	237,742.
The Borgata Hotel & Casino 1 Borgata Way, Atlantic City, NJ 08401	Conference Venue	154,851.
The Turning Stone Resort & Casino 5218 Patrick Rd, Verona, NY 13478	Conference Venue	110,191.
NPS LLC Gillette Stadium One Patriot Place, Foxborough, MA 02035	Conference Venue	105,170.

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

**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) Jamison Ashley President	5.00 0.00	X		X				0.	0.	0.
(28) Janet Cusack President	5.00 0.00	X		X				0.	0.	0.
(29) Jean Nyberg President	5.00 0.00	X		X				0.	0.	0.
(30) Jennifer Schmaltz President	5.00 0.00	X		X				0.	0.	0.
(31) Jennifer Thomas President	5.00 0.00	X		X				0.	0.	0.
(32) Jeremy Behrens President	5.00 0.00	X		X				0.	0.	0.
(33) John Ziegler President	5.00 0.00	X		X				0.	0.	0.
(34) Jonathan Miller President	5.00 0.00	X		X				0.	0.	0.
(35) Julie Paquette President	5.00 0.00	X		X				0.	0.	0.
(36) Justin Stroud President	5.00 0.00	X		X				0.	0.	0.
(37) Jyl Ruland President	5.00 0.00	X		X				0.	0.	0.
(38) Katie Taylor President	5.00 0.00	X		X				0.	0.	0.
(39) Kelly Smith President	5.00 0.00	X		X				0.	0.	0.
(40) Kevin Kornowa President	5.00 0.00	X		X				0.	0.	0.
(41) Kevin Leder President	5.00 0.00	X		X				0.	0.	0.
(42) Lana Dubinsky President	5.00 0.00	X		X				0.	0.	0.
(43) Laurel Davis President	5.00 0.00	X		X				0.	0.	0.
(44) Leslie Flake President	5.00 0.00	X		X				0.	0.	0.
(45) Linwood Nelson President	5.00 0.00	X		X				0.	0.	0.
(46) Lisa Keffer President	5.00 0.00	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) Louise Hoffmann President	5.00 0.00	X		X				0.	0.	0.
(48) M. Jill Griffith President	5.00 0.00	X		X				0.	0.	0.
(49) Marci Mollman President	5.00 0.00	X		X				0.	0.	0.
(50) Mark Kato President	5.00 0.00	X		X				0.	0.	0.
(51) Matthew Streeter President	5.00 0.00	X		X				0.	0.	0.
(52) Melissa Lucas President	5.00 0.00	X		X				0.	0.	0.
(53) Michael Ferguson President	5.00 0.00	X		X				0.	0.	0.
(54) Michael Jebaily President	5.00 0.00	X		X				0.	0.	0.
(55) Michael McKeever President	5.00 0.00	X		X				0.	0.	0.
(56) Michael Schoell President	5.00 0.00	X		X				0.	0.	0.
(57) Michelle Bucy President	5.00 0.00	X		X				0.	0.	0.
(58) Mindy Scher President	5.00 0.00	X		X				0.	0.	0.
(59) Nardy Delgado Roman President	5.00 0.00	X		X				0.	0.	0.
(60) Natalie Erchinger President	5.00 0.00	X		X				0.	0.	0.
(61) Nick McLaughlin President	5.00 0.00	X		X				0.	0.	0.
(62) Nikki Esquibel President	5.00 0.00	X		X				0.	0.	0.
(63) Richard Reid President	5.00 0.00	X		X				0.	0.	0.
(64) Scott Sanders President	5.00 0.00	X		X				0.	0.	0.
(65) Tina Minnick President	5.00 0.00	X		X				0.	0.	0.
(66) Vincent Stevens President	5.00 0.00	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			
(67) Wallace Harmening President	5.00 0.00	X		X				0.	0.	0.
(68) Wende Weckbacher President	5.00 0.00	X		X				0.	0.	0.
(69) Abbey Stangl President-Elect	2.50 0.00	X		X				0.	0.	0.
(70) Amy Blatt President-Elect	2.50 0.00	X		X				0.	0.	0.
(71) Amy Karp President-Elect	2.50 0.00	X		X				0.	0.	0.
(72) Andres Posada President-Elect	2.50 0.00	X		X				0.	0.	0.
(73) Andrew Lis President-Elect	2.50 0.00	X		X				0.	0.	0.
(74) Anthony Verdicanno President-Elect	2.50 0.00	X		X				0.	0.	0.
(75) Ashley Brandt-Duda President-Elect	2.50 0.00	X		X				0.	0.	0.
(76) Barton Richards President-Elect	2.50 0.00	X		X				0.	0.	0.
(77) BJ Taylor President-Elect	2.50 0.00	X		X				0.	0.	0.
(78) Bob Keith President-Elect	2.50 0.00	X		X				0.	0.	0.
(79) Brandon Floyd President-Elect	2.50 0.00	X		X				0.	0.	0.
(80) Brianna Ashley President-Elect	2.50 0.00	X		X				0.	0.	0.
(81) Buffy Loveday President-Elect	2.50 0.00	X		X				0.	0.	0.
(82) Cameron Thomason President-Elect	2.50 0.00	X		X				0.	0.	0.
(83) Christopher Niwinski President-Elect	2.50 0.00	X		X				0.	0.	0.
(84) Constance Stimpson President-Elect	2.50 0.00	X		X				0.	0.	0.
(85) Deborah Schoenthaler President-Elect	2.50 0.00	X		X				0.	0.	0.
(86) Diane Del Santro President-Elect	2.50 0.00	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			
(87) Donna Ellenburg President-Elect	2.50 0.00	X		X				0.	0.	0.
(88) Donna Skura President-Elect	2.50 0.00	X		X				0.	0.	0.
(89) Elizabeth Bishop President-Elect	2.50 0.00	X		X				0.	0.	0.
(90) Enid Gonzalez President-Elect	2.50 0.00	X		X				0.	0.	0.
(91) Erica Roccario-Thorpe President-Elect	2.50 0.00	X		X				0.	0.	0.
(92) Gilbert Johnson President-Elect	2.50 0.00	X		X				0.	0.	0.
(93) Gregory Knight President-Elect	2.50 0.00	X		X				0.	0.	0.
(94) Gretchen Works President-Elect	2.50 0.00	X		X				0.	0.	0.
(95) Holly Gavin President-Elect	2.50 0.00	X		X				0.	0.	0.
(96) James Monroe President-Elect	2.50 0.00	X		X				0.	0.	0.
(97) Jason Williams President-Elect	2.50 0.00	X		X				0.	0.	0.
(98) Jasper Powell President-Elect	2.50 0.00	X		X				0.	0.	0.
(99) Jeanette Cross President-Elect	2.50 0.00	X		X				0.	0.	0.
(100) Jennie Bauer President-Elect	2.50 0.00	X		X				0.	0.	0.
(101) Jennifer Durham President-Elect	2.50 0.00	X		X				0.	0.	0.
(102) Jerrie Root President-Elect	2.50 0.00	X		X				0.	0.	0.
(103) Jorge Fernandez President-Elect	2.50 0.00	X		X				0.	0.	0.
(104) Kevin Dadey President-Elect	2.50 0.00	X		X				0.	0.	0.
(105) Kristen Sumpter President-Elect	2.50 0.00	X		X				0.	0.	0.
(106) Kristy Pipher Richmond President-Elect	2.50 0.00	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			
(107) Kyle Pierson President-Elect	2.50 0.00	X		X				0.	0.	0.
(108) Laurence Harris President-Elect	2.50 0.00	X		X				0.	0.	0.
(109) Louise Kiper President-Elect	2.50 0.00	X		X				0.	0.	0.
(110) Marya Marvin President-Elect	2.50 0.00	X		X				0.	0.	0.
(111) Michael Smith President-Elect	2.50 0.00	X		X				0.	0.	0.
(112) Michelle Smith President-Elect	2.50 0.00	X		X				0.	0.	0.
(113) Michelle Trowell President-Elect	2.50 0.00	X		X				0.	0.	0.
(114) Nancy Smith President-Elect	2.50 0.00	X		X				0.	0.	0.
(115) Nick Maeder President-Elect	2.50 0.00	X		X				0.	0.	0.
(116) Nicole Moscatelli President-Elect	2.50 0.00	X		X				0.	0.	0.
(117) Patrick Paiz President-Elect	2.50 0.00	X		X				0.	0.	0.
(118) Pilar Mank President-Elect	2.50 0.00	X		X				0.	0.	0.
(119) R. Trostel President-Elect	2.50 0.00	X		X				0.	0.	0.
(120) Rachel Beasley President-Elect	2.50 0.00	X		X				0.	0.	0.
(121) Rebecca Slagle President-Elect	2.50 0.00	X		X				0.	0.	0.
(122) Richard Bame President-Elect	2.50 0.00	X		X				0.	0.	0.
(123) Robert Howey President-Elect	2.50 0.00	X		X				0.	0.	0.
(124) Ryan McGinnis President-Elect	2.50 0.00	X		X				0.	0.	0.
(125) Samantha Brodt President-Elect	2.50 0.00	X		X				0.	0.	0.
(126) Sara Palmer President-Elect	2.50 0.00	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) Sean Wolfe President-Elect	2.50 0.00	X		X				0.	0.	0.
(128) Seth Hennard President-Elect	2.50 0.00	X		X				0.	0.	0.
(129) Stacey Medeiros President-Elect	2.50 0.00	X		X				0.	0.	0.
(130) Steven Backus President-Elect	2.50 0.00	X		X				0.	0.	0.
(131) Tammie Coon President-Elect	2.50 0.00	X		X				0.	0.	0.
(132) Terri Meier President-Elect	2.50 0.00	X		X				0.	0.	0.
(133) Vanessa Wagner President-Elect	2.50 0.00	X		X				0.	0.	0.
(134) Adam Blackwell Secretary	5.00 0.00	X		X				0.	0.	0.
(135) Adam Leonello Secretary	5.00 0.00	X		X				0.	0.	0.
(136) Alan Newberg Secretary	5.00 0.00	X		X				0.	0.	0.
(137) Alison Kennison Secretary	5.00 0.00	X		X				0.	0.	0.
(138) Amber Langner Secretary	5.00 0.00	X		X				0.	0.	0.
(139) Andrea Kovall Secretary	5.00 0.00	X		X				0.	0.	0.
(140) Andrew Hastings Secretary	5.00 0.00	X		X				0.	0.	0.
(141) Annamarie Monks Secretary	5.00 0.00	X		X				0.	0.	0.
(142) Brian Babilon Secretary	5.00 0.00	X		X				0.	0.	0.
(143) Brian Herdman Secretary	5.00 0.00	X		X				0.	0.	0.
(144) Bryan Haymond Secretary	5.00 0.00	X		X				0.	0.	0.
(145) Cassie Walden Secretary	5.00 0.00	X		X				0.	0.	0.
(146) Charleen Scott Secretary	5.00 0.00	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) Cheryl Nottingham Secretary	5.00 0.00	X		X				0.	0.	0.
(148) Christina Harding Secretary	5.00 0.00	X		X				0.	0.	0.
(149) Christina Santullo Secretary	5.00 0.00	X		X				0.	0.	0.
(150) Christine Aucreman Secretary	5.00 0.00	X		X				0.	0.	0.
(151) Christopher McMillan Secretary	5.00 0.00	X		X				0.	0.	0.
(152) Claudia Falcon Secretary	5.00 0.00	X		X				0.	0.	0.
(153) Danielle Gori Secretary	5.00 0.00	X		X				0.	0.	0.
(154) Darren Podolak Secretary	5.00 0.00	X		X				0.	0.	0.
(155) Dawn Crump Secretary	5.00 0.00	X		X				0.	0.	0.
(156) Debbie Hoffman Secretary	5.00 0.00	X		X				0.	0.	0.
(157) Diane Blake Secretary	5.00 0.00	X		X				0.	0.	0.
(158) Donna Kopinski Secretary	5.00 0.00	X		X				0.	0.	0.
(159) Edward Coyle Secretary	5.00 0.00	X		X				0.	0.	0.
(160) Erin Cutter Secretary	5.00 0.00	X		X				0.	0.	0.
(161) James Rellas Secretary	5.00 0.00	X		X				0.	0.	0.
(162) Jennifer Peterson Secretary	5.00 0.00	X		X				0.	0.	0.
(163) Jess Paisley Secretary	5.00 0.00	X		X				0.	0.	0.
(164) Jesse Maier Secretary	5.00 0.00	X		X				0.	0.	0.
(165) Jessica Yard Secretary	5.00 0.00	X		X				0.	0.	0.
(166) Kari Karaffa Secretary	5.00 0.00	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) Kenneth Werner Secretary	5.00 0.00	X		X				0.	0.	0.
(168) Kimberly Dalrymple Secretary	5.00 0.00	X		X				0.	0.	0.
(169) Kimberly Williams Secretary	5.00 0.00	X		X				0.	0.	0.
(170) Lori Condo Secretary	5.00 0.00	X		X				0.	0.	0.
(171) Marcia Leighton Secretary	5.00 0.00	X		X				0.	0.	0.
(172) Marcus Armstrong Secretary	5.00 0.00	X		X				0.	0.	0.
(173) Matt James Secretary	5.00 0.00	X		X				0.	0.	0.
(174) Melissa Crass Secretary	5.00 0.00	X		X				0.	0.	0.
(175) Meredith Peterson Secretary	5.00 0.00	X		X				0.	0.	0.
(176) Michael Allen Secretary	5.00 0.00	X		X				0.	0.	0.
(177) Michael Cwik Secretary	5.00 0.00	X		X				0.	0.	0.
(178) Michael Westerfield Secretary	5.00 0.00	X		X				0.	0.	0.
(179) Molly Martin Secretary	5.00 0.00	X		X				0.	0.	0.
(180) Natalie Billo Secretary	5.00 0.00	X		X				0.	0.	0.
(181) Nicholas Barbera Secretary	5.00 0.00	X		X				0.	0.	0.
(182) Olivia Davis Secretary	5.00 0.00	X		X				0.	0.	0.
(183) Pamela Jones Secretary	5.00 0.00	X		X				0.	0.	0.
(184) Patrick Whisenand Secretary	5.00 0.00	X		X				0.	0.	0.
(185) Peter Seaman Secretary	5.00 0.00	X		X				0.	0.	0.
(186) Richard Nagy Secretary	5.00 0.00	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) Shannon Adams Vanderbilt Secretary	5.00 0.00	X		X				0.	0.	0.
(188) Shawn Deluhery Secretary	5.00 0.00	X		X				0.	0.	0.
(189) Sofia Adaime Martinez Secretary	5.00 0.00	X		X				0.	0.	0.
(190) Susan Prior Secretary	5.00 0.00	X		X				0.	0.	0.
(191) Tammy Rivera Secretary	5.00 0.00	X		X				0.	0.	0.
(192) Tammy Walsh Secretary	5.00 0.00	X		X				0.	0.	0.
(193) Tesa Topley Secretary	5.00 0.00	X		X				0.	0.	0.
(194) Tracey Roland Secretary	5.00 0.00	X		X				0.	0.	0.
(195) Tracy Quinn Secretary	5.00 0.00	X		X				0.	0.	0.
(196) Albert Deana Treasurer	5.00 0.00	X		X				0.	0.	0.
(197) Amanda Givens Treasurer	5.00 0.00	X		X				0.	0.	0.
(198) Andrew Gentzkow Treasurer	5.00 0.00	X		X				0.	0.	0.
(199) Andrew Widen Treasurer	5.00 0.00	X		X				0.	0.	0.
(200) Austin Willuweit Treasurer	5.00 0.00	X		X				0.	0.	0.
(201) Brian Sims Treasurer	5.00 0.00	X		X				0.	0.	0.
(202) Cassie Fields Treasurer	5.00 0.00	X		X				0.	0.	0.
(203) Catherine Ekbon Treasurer	5.00 0.00	X		X				0.	0.	0.
(204) Charity Fannin Treasurer	5.00 0.00	X		X				0.	0.	0.
(205) Chris Branin Treasurer	5.00 0.00	X		X				0.	0.	0.
(206) Chris Shemes Treasurer	5.00 0.00	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) Christie Blasioli Treasurer	5.00 0.00	X		X				0.	0.	0.
(208) Christine Sibley Treasurer	5.00 0.00	X		X				0.	0.	0.
(209) Christopher Kubin Treasurer	5.00 0.00	X		X				0.	0.	0.
(210) Daniel Bucci Treasurer	5.00 0.00	X		X				0.	0.	0.
(211) Danielle Cerminaro Treasurer	5.00 0.00	X		X				0.	0.	0.
(212) Deborah Knight Treasurer	5.00 0.00	X		X				0.	0.	0.
(213) Diane Lilko Treasurer	5.00 0.00	X		X				0.	0.	0.
(214) Frank Miceli Treasurer	5.00 0.00	X		X				0.	0.	0.
(215) Heather Rose Treasurer	5.00 0.00	X		X				0.	0.	0.
(216) Janena Davis Treasurer	5.00 0.00	X		X				0.	0.	0.
(217) Jeff Peppers Treasurer	5.00 0.00	X		X				0.	0.	0.
(218) Jeffrey Carranza Treasurer	5.00 0.00	X		X				0.	0.	0.
(219) Jennifer Berthiaume Treasurer	5.00 0.00	X		X				0.	0.	0.
(220) Jennifer Vorreyer Treasurer	5.00 0.00	X		X				0.	0.	0.
(221) Jerald Archibeque Treasurer	5.00 0.00	X		X				0.	0.	0.
(222) Jill Squiers Treasurer	5.00 0.00	X		X				0.	0.	0.
(223) Joe Lodge Treasurer	5.00 0.00	X		X				0.	0.	0.
(224) John Majchrzak Treasurer	5.00 0.00	X		X				0.	0.	0.
(225) Jon Branstetter Treasurer	5.00 0.00	X		X				0.	0.	0.
(226) Josh Richards Treasurer	5.00 0.00	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) Julie Kressin Treasurer	5.00 0.00	X		X				0.	0.	0.
(228) Kami Matzek Treasurer	5.00 0.00	X		X				0.	0.	0.
(229) Karen Kinsella Treasurer	5.00 0.00	X		X				0.	0.	0.
(230) Katie Reid Treasurer	5.00 0.00	X		X				0.	0.	0.
(231) Kelly Rygielski Treasurer	5.00 0.00	X		X				0.	0.	0.
(232) Laraine Gengler Treasurer	5.00 0.00	X		X				0.	0.	0.
(233) Laurie Pierce Treasurer	5.00 0.00	X		X				0.	0.	0.
(234) Lawrence Preston Treasurer	5.00 0.00	X		X				0.	0.	0.
(235) Lucien St. Onge Treasurer	5.00 0.00	X		X				0.	0.	0.
(236) Marcus Lewis Treasurer	5.00 0.00	X		X				0.	0.	0.
(237) Mike DeMotte Treasurer	5.00 0.00	X		X				0.	0.	0.
(238) Paul Vachek Treasurer	5.00 0.00	X		X				0.	0.	0.
(239) Perry Santullo Treasurer	5.00 0.00	X		X				0.	0.	0.
(240) Rachael Seeder Treasurer	5.00 0.00	X		X				0.	0.	0.
(241) Rachel Herman Treasurer	5.00 0.00	X		X				0.	0.	0.
(242) Robbie Athey Treasurer	5.00 0.00	X		X				0.	0.	0.
(243) Robert Griffin Treasurer	5.00 0.00	X		X				0.	0.	0.
(244) Scott Gunter Treasurer	5.00 0.00	X		X				0.	0.	0.
(245) Stanley Augustine Treasurer	5.00 0.00	X		X				0.	0.	0.
(246) Stephanie Bottomley Treasurer	5.00 0.00	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) Stephanie Richio Treasurer	5.00 0.00	X		X				0.	0.	0.
(248) Taireli Hidalgo Gonzalez Treasurer	5.00 0.00	X		X				0.	0.	0.
(249) Teresa Jenkinson Treasurer	5.00 0.00	X		X				0.	0.	0.
(250) Thomas Carver Treasurer	5.00 0.00	X		X				0.	0.	0.
(251) Toni Young Treasurer	5.00 0.00	X		X				0.	0.	0.
(252) Tracie Uyechi Treasurer	5.00 0.00	X		X				0.	0.	0.
(253) Trenton Fast Treasurer	5.00 0.00	X		X				0.	0.	0.
(254) Vonda Russell Treasurer	5.00 0.00	X		X				0.	0.	0.
(255) William Vooris Treasurer	5.00 0.00	X		X				0.	0.	0.
(256) Zachary Buxton Treasurer	5.00 0.00	X		X				0.	0.	0.
(257) Elizabeth Richards Treasurer/Secretary	5.00 0.00	X		X				0.	0.	0.
(258) Lisa Earl Treasurer/Secretary	5.00 0.00	X		X				0.	0.	0.
(259) Rich Schefke Treasurer/Secretary	5.00 0.00	X		X				0.	0.	0.
(260) Shelly Larson Treasurer/Secretary	5.00 0.00	X		X				0.	0.	0.
(261) Axel Ramirez Vice President	5.00 0.00	X		X				0.	0.	0.
(262) Basak Kaya Vice President	5.00 0.00	X		X				0.	0.	0.
(263) David Muhs Vice President	5.00 0.00	X		X				0.	0.	0.
(264) Denise Smith Vice President	5.00 0.00	X		X				0.	0.	0.
(265) Edward Chiosso Vice President	5.00 0.00	X		X				0.	0.	0.
(266) Jared Heim Vice President	5.00 0.00	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			
(267) Jennifer Schneider Vice President	5.00 0.00	X		X				0.	0.	0.
(268) Joan Goda Vice President	5.00 0.00	X		X				0.	0.	0.
(269) Jordan Wathen Vice President	5.00 0.00	X		X				0.	0.	0.
(270) Kate Tarr Vice President	5.00 0.00	X		X				0.	0.	0.
(271) Kelli Williams Vice President	5.00 0.00	X		X				0.	0.	0.
(272) Kelly Akkerman Vice President	5.00 0.00	X		X				0.	0.	0.
(273) Kevin Bohnert Vice President	5.00 0.00	X		X				0.	0.	0.
(274) Linker Mills Vice President	5.00 0.00	X		X				0.	0.	0.
(275) Matthew Clark Vice President	5.00 0.00	X		X				0.	0.	0.
(276) Michael Haas Vice President	5.00 0.00	X		X				0.	0.	0.
(277) Miguel Lopez Vice President	5.00 0.00	X		X				0.	0.	0.
(278) Rodney Adams Vice President	5.00 0.00	X		X				0.	0.	0.
(279) Sean Smith Vice President	5.00 0.00	X		X				0.	0.	0.
(280) Shannon Ebenkamp Vice President	5.00 0.00	X		X				0.	0.	0.
(281) Shelly Soupир Vice President	5.00 0.00	X		X				0.	0.	0.
(282) Stanley Knobloch Vice President	5.00 0.00	X		X				0.	0.	0.
(283) Tiffany Dixon Vice President	5.00 0.00	X		X				0.	0.	0.
(284) Timothy Myers Vice President	5.00 0.00	X		X				0.	0.	0.
(285) Timothy Nese Vice President	5.00 0.00	X		X				0.	0.	0.
(286) Tracy Gibson Vice President	5.00 0.00	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			
(287) Troy Lindsey Vice President	5.00 0.00	X		X				0.	0.	0.
(288) Tyler Bernier Vice President	5.00 0.00	X		X				0.	0.	0.
(289) Valerie Woodbury Vice President	5.00 0.00	X		X				0.	0.	0.
(290) Allison Dugas Past President	2.50 0.00	X		X				0.	0.	0.
(291) Amanda Suber Past President	2.50 0.00	X		X				0.	0.	0.
(292) Andrew Hejtmanek Past President	2.50 0.00	X		X				0.	0.	0.
(293) Andrew Kloeckner Past President	2.50 0.00	X		X				0.	0.	0.
(294) April York Past President	2.50 0.00	X		X				0.	0.	0.
(295) Barbara Piascik Past President	2.50 0.00	X		X				0.	0.	0.
(296) Becky Littke Past President	2.50 0.00	X		X				0.	0.	0.
(297) Carla Neiman Past President	2.50 0.00	X		X				0.	0.	0.
(298) Chad Turner Past President	2.50 0.00	X		X				0.	0.	0.
(299) Chris Clark Past President	2.50 0.00	X		X				0.	0.	0.
(300) Christy Pehanich Past President	2.50 0.00	X		X				0.	0.	0.
(301) Craig Masters Past President	2.50 0.00	X		X				0.	0.	0.
(302) Dan Phippen Past President	2.50 0.00	X		X				0.	0.	0.
(303) Dana Lujan Past President	2.50 0.00	X		X				0.	0.	0.
(304) Daniel Willis Past President	2.50 0.00	X		X				0.	0.	0.
(305) David Bonk Past President	2.50 0.00	X		X				0.	0.	0.
(306) David Cartier Past President	2.50 0.00	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			
(307) David Evangelista Past President	2.50 0.00	X		X				0.	0.	0.
(308) David Korn Past President	2.50 0.00	X		X				0.	0.	0.
(309) David Woods Past President	2.50 0.00	X		X				0.	0.	0.
(310) Erica Waller Past President	2.50 0.00	X		X				0.	0.	0.
(311) Fahd Benjalil Past President	2.50 0.00	X		X				0.	0.	0.
(312) Garrett Gillespie Past President	2.50 0.00	X		X				0.	0.	0.
(313) George Ann Phillips Past President	2.50 0.00	X		X				0.	0.	0.
(314) Gina Eastin Past President	2.50 0.00	X		X				0.	0.	0.
(315) Heather Weber Past President	2.50 0.00	X		X				0.	0.	0.
(316) Jason Gibbons Past President	2.50 0.00	X		X				0.	0.	0.
(317) Jeff Buehrle Past President	2.50 0.00	X		X				0.	0.	0.
(318) Jeffrey Petrell Past President	2.50 0.00	X		X				0.	0.	0.
(319) John Knighten Past President	2.50 0.00	X		X				0.	0.	0.
(320) John Mendez Past President	2.50 0.00	X		X				0.	0.	0.
(321) John Vetsch Past President	2.50 0.00	X		X				0.	0.	0.
(322) Joshua Lewis Past President	2.50 0.00	X		X				0.	0.	0.
(323) Karl Hagen Past President	2.50 0.00	X		X				0.	0.	0.
(324) Kyle Wilcox Past President	2.50 0.00	X		X				0.	0.	0.
(325) Leah Klinke Past President	2.50 0.00	X		X				0.	0.	0.
(326) Liana Hans Past President	2.50 0.00	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			
(327) Mario DiFiglia Past President	2.50 0.00	X		X				0.	0.	0.
(328) Mary Ackley Past President	2.50 0.00	X		X				0.	0.	0.
(329) Maryann Regan Past President	2.50 0.00	X		X				0.	0.	0.
(330) Megan Budd Past President	2.50 0.00	X		X				0.	0.	0.
(331) Megan Randolph Past President	2.50 0.00	X		X				0.	0.	0.
(332) Melissa Phelps Past President	2.50 0.00	X		X				0.	0.	0.
(333) Meredith Simonetti Past President	2.50 0.00	X		X				0.	0.	0.
(334) Michael Ostrander Past President	2.50 0.00	X		X				0.	0.	0.
(335) Michelle Earich Past President	2.50 0.00	X		X				0.	0.	0.
(336) Mike Phillips Past President	2.50 0.00	X		X				0.	0.	0.
(337) Nancy Rocker Past President	2.50 0.00	X		X				0.	0.	0.
(338) Nikki Harper Past President	2.50 0.00	X		X				0.	0.	0.
(339) Pamela Larson Past President	2.50 0.00	X		X				0.	0.	0.
(340) Patti McFeely Past President	2.50 0.00	X		X				0.	0.	0.
(341) Phillip Graybeal Past President	2.50 0.00	X		X				0.	0.	0.
(342) Ramona Hernandez Past President	2.50 0.00	X		X				0.	0.	0.
(343) Richard Franco Past President	2.50 0.00	X		X				0.	0.	0.
(344) Samuel King Past President	2.50 0.00	X		X				0.	0.	0.
(345) Scott Mariani Past President	2.50 0.00	X		X				0.	0.	0.
(346) Shirley Mason Past President	2.50 0.00	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			
(347) Terry Kile Past President	2.50 0.00	X		X				0.	0.	0.
(348) Tom Matonican Past President	2.50 0.00	X		X				0.	0.	0.
(349) Tonie Bayman Past President	2.50 0.00	X		X				0.	0.	0.
(350) Tracye Enis Past President	2.50 0.00	X		X				0.	0.	0.
(351) Travis Boucher Past President	2.50 0.00	X		X				0.	0.	0.
(352) Vanessa Couch-Laguana Past President	2.50 0.00	X		X				0.	0.	0.
(353) Wendy Leo Past President	2.50 0.00	X		X				0.	0.	0.
(354) Aaron Green Director (Voting)	2.50 0.00	X						0.	0.	0.
(355) Abigail Cyboron Director (Voting)	2.50 0.00	X						0.	0.	0.
(356) Alan Dakay Director (Voting)	2.50 0.00	X						0.	0.	0.
(357) Alexander Donlon Director (Voting)	2.50 0.00	X						0.	0.	0.
(358) Alicia Weissmeier Director (Voting)	2.50 0.00	X						0.	0.	0.
(359) Allyson Roberts Director (Voting)	2.50 0.00	X						0.	0.	0.
(360) Alyson Belz Director (Voting)	2.50 0.00	X						0.	0.	0.
(361) Amanda Bennett Director (Voting)	2.50 0.00	X						0.	0.	0.
(362) Amanda Gordon Director (Voting)	2.50 0.00	X						0.	0.	0.
(363) Amanda Kelly Director (Voting)	2.50 0.00	X						0.	0.	0.
(364) Amanda Matson Director (Voting)	2.50 0.00	X						0.	0.	0.
(365) Amber Schon Director (Voting)	2.50 0.00	X						0.	0.	0.
(366) Amy Bilyea Director (Voting)	2.50 0.00	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) Amy Carpenter Director (Voting)	2.50 0.00	X						0.	0.	0.
(368) Amy Kirk Director (Voting)	2.50 0.00	X						0.	0.	0.
(369) Amy McLaughlin Director (Voting)	2.50 0.00	X						0.	0.	0.
(370) Amy Miller Director (Voting)	2.50 0.00	X						0.	0.	0.
(371) Amy Pisciotta Director (Voting)	2.50 0.00	X						0.	0.	0.
(372) Amy Vandecar Director (Voting)	2.50 0.00	X						0.	0.	0.
(373) Andrew Weingartner Director (Voting)	2.50 0.00	X						0.	0.	0.
(374) Andy Emrhein Director (Voting)	2.50 0.00	X						0.	0.	0.
(375) Ann Peterson Director (Voting)	2.50 0.00	X						0.	0.	0.
(376) Arvind Joshi Director (Voting)	2.50 0.00	X						0.	0.	0.
(377) Audrey Scott Director (Voting)	2.50 0.00	X						0.	0.	0.
(378) Barbara Johnson Director (Voting)	2.50 0.00	X						0.	0.	0.
(379) Barbara Tapscott Director (Voting)	2.50 0.00	X						0.	0.	0.
(380) Bart Shea Director (Voting)	2.50 0.00	X						0.	0.	0.
(381) Beata Piehl Director (Voting)	2.50 0.00	X						0.	0.	0.
(382) Bert Pickard Director (Voting)	2.50 0.00	X						0.	0.	0.
(383) BJ Dvorak Director (Voting)	2.50 0.00	X						0.	0.	0.
(384) Brad Arnold Director (Voting)	2.50 0.00	X						0.	0.	0.
(385) Bradley Monahan Director (Voting)	2.50 0.00	X						0.	0.	0.
(386) Bragg Hemme Director (Voting)	2.50 0.00	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) Brandon Creswell Director (Voting)	2.50 0.00	X						0.	0.	0.
(388) Brandon Holland Director (Voting)	2.50 0.00	X						0.	0.	0.
(389) Brandon Reed Director (Voting)	2.50 0.00	X						0.	0.	0.
(390) BreAnn Meadows Director (Voting)	2.50 0.00	X						0.	0.	0.
(391) Brenda Parinas Director (Voting)	2.50 0.00	X						0.	0.	0.
(392) Brent Magers Director (Voting)	2.50 0.00	X						0.	0.	0.
(393) Bret O'Connor Director (Voting)	2.50 0.00	X						0.	0.	0.
(394) Brian Cox Director (Voting)	2.50 0.00	X						0.	0.	0.
(395) Brian Matney Director (Voting)	2.50 0.00	X						0.	0.	0.
(396) Brian Mattson Director (Voting)	2.50 0.00	X						0.	0.	0.
(397) Brian McCallister Director (Voting)	2.50 0.00	X						0.	0.	0.
(398) Brian Panik Director (Voting)	2.50 0.00	X						0.	0.	0.
(399) Brian Pavona Director (Voting)	2.50 0.00	X						0.	0.	0.
(400) Brittiany Loar Director (Voting)	2.50 0.00	X						0.	0.	0.
(401) Bryan Gordon Director (Voting)	2.50 0.00	X						0.	0.	0.
(402) Bryant Blay Director (Voting)	2.50 0.00	X						0.	0.	0.
(403) C. Kraft Director (Voting)	2.50 0.00	X						0.	0.	0.
(404) Caitlin Gerdes Director (Voting)	2.50 0.00	X						0.	0.	0.
(405) Cally Christensen Director (Voting)	2.50 0.00	X						0.	0.	0.
(406) Candice Powers Director (Voting)	2.50 0.00	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) Carie Summers Director (Voting)	2.50 0.00	X						0.	0.	0.
(408) Carl Herde Director (Voting)	2.50 0.00	X						0.	0.	0.
(409) Carlos Vivaldi Director (Voting)	2.50 0.00	X						0.	0.	0.
(410) Carmen Figueroa Director (Voting)	2.50 0.00	X						0.	0.	0.
(411) Carmen Voelz Director (Voting)	2.50 0.00	X						0.	0.	0.
(412) Carrie Fuller Spencer Director (Voting)	2.50 0.00	X						0.	0.	0.
(413) Carrie Gingrich Director (Voting)	2.50 0.00	X						0.	0.	0.
(414) Cassandra Mitchell Director (Voting)	2.50 0.00	X						0.	0.	0.
(415) Catherine Hamilton Director (Voting)	2.50 0.00	X						0.	0.	0.
(416) Cathy Patterson Director (Voting)	2.50 0.00	X						0.	0.	0.
(417) Celia Allen Director (Voting)	2.50 0.00	X						0.	0.	0.
(418) Chad Breidenbach Director (Voting)	2.50 0.00	X						0.	0.	0.
(419) Charles Hughes Director (Voting)	2.50 0.00	X						0.	0.	0.
(420) Chase Wunder Director (Voting)	2.50 0.00	X						0.	0.	0.
(421) Chastity Werner Director (Voting)	2.50 0.00	X						0.	0.	0.
(422) Chelsea Austin Director (Voting)	2.50 0.00	X						0.	0.	0.
(423) Chelsea Desrosiers Director (Voting)	2.50 0.00	X						0.	0.	0.
(424) Chirico Rozsa Director (Voting)	2.50 0.00	X						0.	0.	0.
(425) Chris Coccimiglio Director (Voting)	2.50 0.00	X						0.	0.	0.
(426) Chris Hardgrove Director (Voting)	2.50 0.00	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) Chris Rawlings Director (Voting)	2.50 0.00	X						0.	0.	0.
(428) Christin Fenton Director (Voting)	2.50 0.00	X						0.	0.	0.
(429) Christina Milone Director (Voting)	2.50 0.00	X						0.	0.	0.
(430) Christine Crowley Director (Voting)	2.50 0.00	X						0.	0.	0.
(431) Christine Olander Director (Voting)	2.50 0.00	X						0.	0.	0.
(432) Christopher Boehm Director (Voting)	2.50 0.00	X						0.	0.	0.
(433) Christopher Schenkel Director (Voting)	2.50 0.00	X						0.	0.	0.
(434) Codi Cox Director (Voting)	2.50 0.00	X						0.	0.	0.
(435) Corina Schoenke Director (Voting)	2.50 0.00	X						0.	0.	0.
(436) Corina Yates Director (Voting)	2.50 0.00	X						0.	0.	0.
(437) Corinna Goron Director (Voting)	2.50 0.00	X						0.	0.	0.
(438) Cory Van Maanen Director (Voting)	2.50 0.00	X						0.	0.	0.
(439) Courtney Griffen Director (Voting)	2.50 0.00	X						0.	0.	0.
(440) Courtney McNamee Director (Voting)	2.50 0.00	X						0.	0.	0.
(441) Curtis Dugger Director (Voting)	2.50 0.00	X						0.	0.	0.
(442) Damon Christensen Director (Voting)	2.50 0.00	X						0.	0.	0.
(443) Dan Bannister Director (Voting)	2.50 0.00	X						0.	0.	0.
(444) Dan Jess Director (Voting)	2.50 0.00	X						0.	0.	0.
(445) Daniel Corcoran Director (Voting)	2.50 0.00	X						0.	0.	0.
(446) Daniel Hosey Director (Voting)	2.50 0.00	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) Danielle Andujar Director (Voting)	2.50 0.00	X						0.	0.	0.
(448) Danielle Hawley Director (Voting)	2.50 0.00	X						0.	0.	0.
(449) Danielle LaBraico Director (Voting)	2.50 0.00	X						0.	0.	0.
(450) Danielle Lancaster Director (Voting)	2.50 0.00	X						0.	0.	0.
(451) Darcy Robertson Director (Voting)	2.50 0.00	X						0.	0.	0.
(452) Darlene Hommer Director (Voting)	2.50 0.00	X						0.	0.	0.
(453) Darren Cook Director (Voting)	2.50 0.00	X						0.	0.	0.
(454) David McCullough Director (Voting)	2.50 0.00	X						0.	0.	0.
(455) David Murray Director (Voting)	2.50 0.00	X						0.	0.	0.
(456) David Salsberry Director (Voting)	2.50 0.00	X						0.	0.	0.
(457) David Strong Director (Voting)	2.50 0.00	X						0.	0.	0.
(458) Dawn Stark Director (Voting)	2.50 0.00	X						0.	0.	0.
(459) Dawn Tuley Director (Voting)	2.50 0.00	X						0.	0.	0.
(460) Deanna Picotte Director (Voting)	2.50 0.00	X						0.	0.	0.
(461) Deirdra Young Director (Voting)	2.50 0.00	X						0.	0.	0.
(462) Dena McNeill Director (Voting)	2.50 0.00	X						0.	0.	0.
(463) Denis Lukes Director (Voting)	2.50 0.00	X						0.	0.	0.
(464) Denise Titsworth Director (Voting)	2.50 0.00	X						0.	0.	0.
(465) Derick Perkins Director (Voting)	2.50 0.00	X						0.	0.	0.
(466) Dhara Satija Director (Voting)	2.50 0.00	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) Don Frank Director (Voting)	2.50 0.00	X						0.	0.	0.
(468) Donald Keller Director (Voting)	2.50 0.00	X						0.	0.	0.
(469) Donald Urbancsik Director (Voting)	2.50 0.00	X						0.	0.	0.
(470) Donna Downs Director (Voting)	2.50 0.00	X						0.	0.	0.
(471) Donna Kelly Ramicone Director (Voting)	2.50 0.00	X						0.	0.	0.
(472) Donna Schneider Director (Voting)	2.50 0.00	X						0.	0.	0.
(473) Douglas Banks Director (Voting)	2.50 0.00	X						0.	0.	0.
(474) Douglas Barry Director (Voting)	2.50 0.00	X						0.	0.	0.
(475) Douglas Burrell Director (Voting)	2.50 0.00	X						0.	0.	0.
(476) Douglas Wetherell Director (Voting)	2.50 0.00	X						0.	0.	0.
(477) Eddie Ortiz Director (Voting)	2.50 0.00	X						0.	0.	0.
(478) Edward Polly Director (Voting)	2.50 0.00	X						0.	0.	0.
(479) Edwin Casteel Director (Voting)	2.50 0.00	X						0.	0.	0.
(480) Eileen Crow Director (Voting)	2.50 0.00	X						0.	0.	0.
(481) Ekerete Akpan Director (Voting)	2.50 0.00	X						0.	0.	0.
(482) Elaine Peeler Director (Voting)	2.50 0.00	X						0.	0.	0.
(483) Elise Ueoka Director (Voting)	2.50 0.00	X						0.	0.	0.
(484) Elizabeth Buyna Director (Voting)	2.50 0.00	X						0.	0.	0.
(485) Elizabeth Duffy Director (Voting)	2.50 0.00	X						0.	0.	0.
(486) Elizabeth Krause Director (Voting)	2.50 0.00	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) Elizabeth McMullen Director (Voting)	2.50 0.00	X						0.	0.	0.
(488) Elizabeth Pellow Director (Voting)	2.50 0.00	X						0.	0.	0.
(489) Elizabeth Ricafort Director (Voting)	2.50 0.00	X						0.	0.	0.
(490) Ellen Ourednik Director (Voting)	2.50 0.00	X						0.	0.	0.
(491) Ellen Tolley Director (Voting)	2.50 0.00	X						0.	0.	0.
(492) Elyse Berry Director (Voting)	2.50 0.00	X						0.	0.	0.
(493) Emily Aghayan Director (Voting)	2.50 0.00	X						0.	0.	0.
(494) Emily Seitz Pawlak Director (Voting)	2.50 0.00	X						0.	0.	0.
(495) Eric Bergeon Director (Voting)	2.50 0.00	X						0.	0.	0.
(496) Eric Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(497) Erin Rowden Director (Voting)	2.50 0.00	X						0.	0.	0.
(498) Evalie Crosby Director (Voting)	2.50 0.00	X						0.	0.	0.
(499) Fiona Daigle Director (Voting)	2.50 0.00	X						0.	0.	0.
(500) Frances Ippolito Director (Voting)	2.50 0.00	X						0.	0.	0.
(501) Frank Corcino Director (Voting)	2.50 0.00	X						0.	0.	0.
(502) Fred Binczewski Director (Voting)	2.50 0.00	X						0.	0.	0.
(503) Frederick Jackson Director (Voting)	2.50 0.00	X						0.	0.	0.
(504) Gabriella Gold Director (Voting)	2.50 0.00	X						0.	0.	0.
(505) Gary Foll Director (Voting)	2.50 0.00	X						0.	0.	0.
(506) Gary Janko Director (Voting)	2.50 0.00	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) Gary Ladyko Director (Voting)	2.50 0.00	X						0.	0.	0.
(508) Geoffrey Bernhardt Director (Voting)	2.50 0.00	X						0.	0.	0.
(509) George Webby Director (Voting)	2.50 0.00	X						0.	0.	0.
(510) Gerardo Dominguez Director (Voting)	2.50 0.00	X						0.	0.	0.
(511) Gina Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(512) Govind Goyal Director (Voting)	2.50 0.00	X						0.	0.	0.
(513) Hannah Wieshalla Director (Voting)	2.50 0.00	X						0.	0.	0.
(514) Harriette Muir Director (Voting)	2.50 0.00	X						0.	0.	0.
(515) Hayley Koetje Director (Voting)	2.50 0.00	X						0.	0.	0.
(516) Hayley Shulman Director (Voting)	2.50 0.00	X						0.	0.	0.
(517) Heather Eichem Director (Voting)	2.50 0.00	X						0.	0.	0.
(518) Heather Hennessey Director (Voting)	2.50 0.00	X						0.	0.	0.
(519) Heather Stanisci Director (Voting)	2.50 0.00	X						0.	0.	0.
(520) Heather Stucker Director (Voting)	2.50 0.00	X						0.	0.	0.
(521) Henry Flores Director (Voting)	2.50 0.00	X						0.	0.	0.
(522) Hilary Dolbee Director (Voting)	2.50 0.00	X						0.	0.	0.
(523) Hugh Chisholm Director (Voting)	2.50 0.00	X						0.	0.	0.
(524) Ian Guillen Marichal Director (Voting)	2.50 0.00	X						0.	0.	0.
(525) J Hopkins Director (Voting)	2.50 0.00	X						0.	0.	0.
(526) Jack Porter Director (Voting)	2.50 0.00	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) Jackie Nussbaum Director (Voting)	2.50 0.00	X						0.	0.	0.
(528) Jacklyn Carter Director (Voting)	2.50 0.00	X						0.	0.	0.
(529) Jade Litchfield Director (Voting)	2.50 0.00	X						0.	0.	0.
(530) Jaime Lindsay Director (Voting)	2.50 0.00	X						0.	0.	0.
(531) James Cleverley Director (Voting)	2.50 0.00	X						0.	0.	0.
(532) James Cussins Director (Voting)	2.50 0.00	X						0.	0.	0.
(533) James Garbarino Director (Voting)	2.50 0.00	X						0.	0.	0.
(534) James Gavin Director (Voting)	2.50 0.00	X						0.	0.	0.
(535) James LaCroix Director (Voting)	2.50 0.00	X						0.	0.	0.
(536) James Linhart Director (Voting)	2.50 0.00	X						0.	0.	0.
(537) James Parker Director (Voting)	2.50 0.00	X						0.	0.	0.
(538) James Porter Director (Voting)	2.50 0.00	X						0.	0.	0.
(539) Jamie Hill-Walters Director (Voting)	2.50 0.00	X						0.	0.	0.
(540) Jan Brosnahan Director (Voting)	2.50 0.00	X						0.	0.	0.
(541) Janelle Nelson Director (Voting)	2.50 0.00	X						0.	0.	0.
(542) Janiece McNichols Director (Voting)	2.50 0.00	X						0.	0.	0.
(543) Jaquetta Clemons Director (Voting)	2.50 0.00	X						0.	0.	0.
(544) Jason Metcalf Director (Voting)	2.50 0.00	X						0.	0.	0.
(545) Jason Meyer Director (Voting)	2.50 0.00	X						0.	0.	0.
(546) Jason Muhammad Director (Voting)	2.50 0.00	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) Jeanna Adler Director (Voting)	2.50 0.00	X						0.	0.	0.
(548) Jeff Neisen Director (Voting)	2.50 0.00	X						0.	0.	0.
(549) Jeffery Reid Director (Voting)	2.50 0.00	X						0.	0.	0.
(550) Jeffrey Johnson Director (Voting)	2.50 0.00	X						0.	0.	0.
(551) Jeffrey Walla Director (Voting)	2.50 0.00	X						0.	0.	0.
(552) Jen Hayes Director (Voting)	2.50 0.00	X						0.	0.	0.
(553) Jennifer Granados Director (Voting)	2.50 0.00	X						0.	0.	0.
(554) Jennifer Samaras Director (Voting)	2.50 0.00	X						0.	0.	0.
(555) Jennifer Wakeford Director (Voting)	2.50 0.00	X						0.	0.	0.
(556) Jennifer Whipple Director (Voting)	2.50 0.00	X						0.	0.	0.
(557) Jennimarie Ingram Director (Voting)	2.50 0.00	X						0.	0.	0.
(558) Jenny Davies Director (Voting)	2.50 0.00	X						0.	0.	0.
(559) Jeremy Claunch Director (Voting)	2.50 0.00	X						0.	0.	0.
(560) Jeremy Storer Director (Voting)	2.50 0.00	X						0.	0.	0.
(561) Jesse Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(562) Jesse Sookochoff Director (Voting)	2.50 0.00	X						0.	0.	0.
(563) Jessica Garcia Holguin Director (Voting)	2.50 0.00	X						0.	0.	0.
(564) Jigisha Hanel Director (Voting)	2.50 0.00	X						0.	0.	0.
(565) Jill Nelson Director (Voting)	2.50 0.00	X						0.	0.	0.
(566) Jim Wadlington Director (Voting)	2.50 0.00	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) Joanna Kroon Director (Voting)	2.50 0.00	X						0.	0.	0.
(568) John Andursky Director (Voting)	2.50 0.00	X						0.	0.	0.
(569) John Bartell Director (Voting)	2.50 0.00	X						0.	0.	0.
(570) John Garcia Director (Voting)	2.50 0.00	X						0.	0.	0.
(571) John Groesbeck Director (Voting)	2.50 0.00	X						0.	0.	0.
(572) John McMullin Director (Voting)	2.50 0.00	X						0.	0.	0.
(573) John Stapert Director (Voting)	2.50 0.00	X						0.	0.	0.
(574) John Thibeau Director (Voting)	2.50 0.00	X						0.	0.	0.
(575) Jonathan Besler Director (Voting)	2.50 0.00	X						0.	0.	0.
(576) Jonathan Kelly Director (Voting)	2.50 0.00	X						0.	0.	0.
(577) Jonathan Levine Director (Voting)	2.50 0.00	X						0.	0.	0.
(578) Jonathan Perry Director (Voting)	2.50 0.00	X						0.	0.	0.
(579) Joni Waltjen Director (Voting)	2.50 0.00	X						0.	0.	0.
(580) Jordan Mitchell Director (Voting)	2.50 0.00	X						0.	0.	0.
(581) Joseph O'Connell Director (Voting)	2.50 0.00	X						0.	0.	0.
(582) Joseph Romano Director (Voting)	2.50 0.00	X						0.	0.	0.
(583) Joseph Scargle Director (Voting)	2.50 0.00	X						0.	0.	0.
(584) Josephine Bradley Director (Voting)	2.50 0.00	X						0.	0.	0.
(585) Juanita White Director (Voting)	2.50 0.00	X						0.	0.	0.
(586) Julie Alliman Director (Voting)	2.50 0.00	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) Julie Haluska Director (Voting)	2.50 0.00	X						0.	0.	0.
(588) Julie Rabat-Torki Director (Voting)	2.50 0.00	X						0.	0.	0.
(589) Kaley Neal Director (Voting)	2.50 0.00	X						0.	0.	0.
(590) KaLynn Gates Director (Voting)	2.50 0.00	X						0.	0.	0.
(591) Kara McAdam Director (Voting)	2.50 0.00	X						0.	0.	0.
(592) Karen Abounader Director (Voting)	2.50 0.00	X						0.	0.	0.
(593) Karen Chavis Director (Voting)	2.50 0.00	X						0.	0.	0.
(594) Karen Granoff Director (Voting)	2.50 0.00	X						0.	0.	0.
(595) Karen Meyer Director (Voting)	2.50 0.00	X						0.	0.	0.
(596) Karen Richards Director (Voting)	2.50 0.00	X						0.	0.	0.
(597) Karen Schartman Director (Voting)	2.50 0.00	X						0.	0.	0.
(598) Karen Stoffiere Director (Voting)	2.50 0.00	X						0.	0.	0.
(599) Karla Gebo Director (Voting)	2.50 0.00	X						0.	0.	0.
(600) Kassandrah Garnes Director (Voting)	2.50 0.00	X						0.	0.	0.
(601) Kate Frederick Director (Voting)	2.50 0.00	X						0.	0.	0.
(602) Kate Stewart Director (Voting)	2.50 0.00	X						0.	0.	0.
(603) Katharine Rose Director (Voting)	2.50 0.00	X						0.	0.	0.
(604) Katherine Leslie Director (Voting)	2.50 0.00	X						0.	0.	0.
(605) Kathi Geiger Director (Voting)	2.50 0.00	X						0.	0.	0.
(606) Kathleen Barry Director (Voting)	2.50 0.00	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) Kathleen Olewinski Director (Voting)	2.50 0.00	X						0.	0.	0.
(608) Kathrine Bosworth Director (Voting)	2.50 0.00	X						0.	0.	0.
(609) Katie Boelter Director (Voting)	2.50 0.00	X						0.	0.	0.
(610) Kayla Rhynalds Director (Voting)	2.50 0.00	X						0.	0.	0.
(611) Keith Anderson Director (Voting)	2.50 0.00	X						0.	0.	0.
(612) Keith Plowden Director (Voting)	2.50 0.00	X						0.	0.	0.
(613) Kelly Foreman Director (Voting)	2.50 0.00	X						0.	0.	0.
(614) Kelly Knorr Director (Voting)	2.50 0.00	X						0.	0.	0.
(615) Ken Dulaney Director (Voting)	2.50 0.00	X						0.	0.	0.
(616) Kenneth Stoll Director (Voting)	2.50 0.00	X						0.	0.	0.
(617) Kevin Burns Director (Voting)	2.50 0.00	X						0.	0.	0.
(618) Kevin Earl Director (Voting)	2.50 0.00	X						0.	0.	0.
(619) Kevin Olvera Director (Voting)	2.50 0.00	X						0.	0.	0.
(620) Kim Granfor Director (Voting)	2.50 0.00	X						0.	0.	0.
(621) Kimberly Carlozzi Director (Voting)	2.50 0.00	X						0.	0.	0.
(622) Kimberly Coker Director (Voting)	2.50 0.00	X						0.	0.	0.
(623) Kimberly Fanning Director (Voting)	2.50 0.00	X						0.	0.	0.
(624) Kimberly Hauschild Director (Voting)	2.50 0.00	X						0.	0.	0.
(625) Kimberly Smelley Director (Voting)	2.50 0.00	X						0.	0.	0.
(626) Kirk Strack Director (Voting)	2.50 0.00	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) Kristen Gilfeather Director (Voting)	2.50 0.00	X						0.	0.	0.
(628) Kurt Shipley Director (Voting)	2.50 0.00	X						0.	0.	0.
(629) Kyle Teel Director (Voting)	2.50 0.00	X						0.	0.	0.
(630) Laura Fitzgerald Director (Voting)	2.50 0.00	X						0.	0.	0.
(631) Lauren Gorski Director (Voting)	2.50 0.00	X						0.	0.	0.
(632) Lauren Rose Director (Voting)	2.50 0.00	X						0.	0.	0.
(633) Lauren Waltz Director (Voting)	2.50 0.00	X						0.	0.	0.
(634) Laurie Holtsford Director (Voting)	2.50 0.00	X						0.	0.	0.
(635) Laurie Radler Director (Voting)	2.50 0.00	X						0.	0.	0.
(636) Lawrence Rusnock Director (Voting)	2.50 0.00	X						0.	0.	0.
(637) Leah Amante Director (Voting)	2.50 0.00	X						0.	0.	0.
(638) LeAnne Moran Director (Voting)	2.50 0.00	X						0.	0.	0.
(639) Lee Ann Miles Director (Voting)	2.50 0.00	X						0.	0.	0.
(640) Leslie Boles Director (Voting)	2.50 0.00	X						0.	0.	0.
(641) Liesl Barkley Director (Voting)	2.50 0.00	X						0.	0.	0.
(642) Lionel Montoya Director (Voting)	2.50 0.00	X						0.	0.	0.
(643) Lisa Gensinger Director (Voting)	2.50 0.00	X						0.	0.	0.
(644) Lisa Hynes Director (Voting)	2.50 0.00	X						0.	0.	0.
(645) Lisa Kirk Director (Voting)	2.50 0.00	X						0.	0.	0.
(646) Lisa Smith Director (Voting)	2.50 0.00	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) Lita Abreu Director (Voting)	2.50 0.00	X						0.	0.	0.
(648) Loretta Hefley Director (Voting)	2.50 0.00	X						0.	0.	0.
(649) Lori Aguilar Director (Voting)	2.50 0.00	X						0.	0.	0.
(650) Lori Dorsey Director (Voting)	2.50 0.00	X						0.	0.	0.
(651) Lyndsy Blonquist Director (Voting)	2.50 0.00	X						0.	0.	0.
(652) Lynne Gentry Director (Voting)	2.50 0.00	X						0.	0.	0.
(653) Madelena Rosado Director (Voting)	2.50 0.00	X						0.	0.	0.
(654) Madonna Burton Director (Voting)	2.50 0.00	X						0.	0.	0.
(655) Marco Priolo Director (Voting)	2.50 0.00	X						0.	0.	0.
(656) Margaret Maine Director (Voting)	2.50 0.00	X						0.	0.	0.
(657) Maria Facciponti Director (Voting)	2.50 0.00	X						0.	0.	0.
(658) Marie Castro Director (Voting)	2.50 0.00	X						0.	0.	0.
(659) Marie Perkey Director (Voting)	2.50 0.00	X						0.	0.	0.
(660) Mark Evard Director (Voting)	2.50 0.00	X						0.	0.	0.
(661) Mark Kloster Director (Voting)	2.50 0.00	X						0.	0.	0.
(662) Mark Schneider Director (Voting)	2.50 0.00	X						0.	0.	0.
(663) Mark Worthen Director (Voting)	2.50 0.00	X						0.	0.	0.
(664) Marni Leonard Director (Voting)	2.50 0.00	X						0.	0.	0.
(665) Martha Calfee Director (Voting)	2.50 0.00	X						0.	0.	0.
(666) Martin Dunbar Director (Voting)	2.50 0.00	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) Mary Laile Director (Voting)	2.50 0.00	X						0.	0.	0.
(668) Mary Mahaney Director (Voting)	2.50 0.00	X						0.	0.	0.
(669) Matt Logan Director (Voting)	2.50 0.00	X						0.	0.	0.
(670) Matt Miller Director (Voting)	2.50 0.00	X						0.	0.	0.
(671) Matthew Aumick Director (Voting)	2.50 0.00	X						0.	0.	0.
(672) Matthew Ertel Director (Voting)	2.50 0.00	X						0.	0.	0.
(673) Matthew Fisher Director (Voting)	2.50 0.00	X						0.	0.	0.
(674) Matthew Killinger Director (Voting)	2.50 0.00	X						0.	0.	0.
(675) Matthew Nienaber Director (Voting)	2.50 0.00	X						0.	0.	0.
(676) Maureen Dukett Director (Voting)	2.50 0.00	X						0.	0.	0.
(677) Melodie Colwell Director (Voting)	2.50 0.00	X						0.	0.	0.
(678) Michael Berryman Director (Voting)	2.50 0.00	X						0.	0.	0.
(679) Michael Chase Director (Voting)	2.50 0.00	X						0.	0.	0.
(680) Michael Connelly Director (Voting)	2.50 0.00	X						0.	0.	0.
(681) Michael Felczak Director (Voting)	2.50 0.00	X						0.	0.	0.
(682) Michael George Director (Voting)	2.50 0.00	X						0.	0.	0.
(683) Michael Klett Director (Voting)	2.50 0.00	X						0.	0.	0.
(684) Michael Stubee Director (Voting)	2.50 0.00	X						0.	0.	0.
(685) Michael Waite Director (Voting)	2.50 0.00	X						0.	0.	0.
(686) Michael Wallner Director (Voting)	2.50 0.00	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) Michele Tynes Napier Director (Voting)	2.50 0.00	X						0.	0.	0.
(688) Michelle Gates Director (Voting)	2.50 0.00	X						0.	0.	0.
(689) Michelle McElhinny Director (Voting)	2.50 0.00	X						0.	0.	0.
(690) Michelle Toups Director (Voting)	2.50 0.00	X						0.	0.	0.
(691) Misty Davis Director (Voting)	2.50 0.00	X						0.	0.	0.
(692) Misty Postol Director (Voting)	2.50 0.00	X						0.	0.	0.
(693) Monica Agate Director (Voting)	2.50 0.00	X						0.	0.	0.
(694) Monroe Gierl Director (Voting)	2.50 0.00	X						0.	0.	0.
(695) Myra Oliver Director (Voting)	2.50 0.00	X						0.	0.	0.
(696) Nadia Vincenti Director (Voting)	2.50 0.00	X						0.	0.	0.
(697) Nan Jones Director (Voting)	2.50 0.00	X						0.	0.	0.
(698) Nancy Giaquinto Director (Voting)	2.50 0.00	X						0.	0.	0.
(699) Nancy Kaminski Director (Voting)	2.50 0.00	X						0.	0.	0.
(700) Nancy Reiss Director (Voting)	2.50 0.00	X						0.	0.	0.
(701) Natalie Gunter Director (Voting)	2.50 0.00	X						0.	0.	0.
(702) Natalie Hernandez (Coronado) Director (Voting)	2.50 0.00	X						0.	0.	0.
(703) Natasha Mehta Director (Voting)	2.50 0.00	X						0.	0.	0.
(704) Nathan Sullivan Director (Voting)	2.50 0.00	X						0.	0.	0.
(705) Nicholas Eichelman Director (Voting)	2.50 0.00	X						0.	0.	0.
(706) Nicholas Mazzola Director (Voting)	2.50 0.00	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			
(707) Nichole Crutcher Director (Voting)	2.50 0.00	X						0.	0.	0.
(708) Nick Ward Director (Voting)	2.50 0.00	X						0.	0.	0.
(709) Nicole Short Director (Voting)	2.50 0.00	X						0.	0.	0.
(710) Nina Dusang Director (Voting)	2.50 0.00	X						0.	0.	0.
(711) Pamela Booher Director (Voting)	2.50 0.00	X						0.	0.	0.
(712) Pamela Potter Director (Voting)	2.50 0.00	X						0.	0.	0.
(713) Patricia Weese Director (Voting)	2.50 0.00	X						0.	0.	0.
(714) Patrick McDonough Director (Voting)	2.50 0.00	X						0.	0.	0.
(715) Patrick McKenna Director (Voting)	2.50 0.00	X						0.	0.	0.
(716) Paul Horton Director (Voting)	2.50 0.00	X						0.	0.	0.
(717) Paul Krsiak Director (Voting)	2.50 0.00	X						0.	0.	0.
(718) Paul Nicholson Director (Voting)	2.50 0.00	X						0.	0.	0.
(719) Paul Soukup Director (Voting)	2.50 0.00	X						0.	0.	0.
(720) Peggy McDonough Director (Voting)	2.50 0.00	X						0.	0.	0.
(721) Perla Pace Director (Voting)	2.50 0.00	X						0.	0.	0.
(722) Peter Sabal Director (Voting)	2.50 0.00	X						0.	0.	0.
(723) Philip Mennell Director (Voting)	2.50 0.00	X						0.	0.	0.
(724) Phillip Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(725) Rabin Kayastha Director (Voting)	2.50 0.00	X						0.	0.	0.
(726) Rachel King Director (Voting)	2.50 0.00	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			
(727) Rachel Pugliano Director (Voting)	2.50 0.00	X						0.	0.	0.
(728) Ralph Keith Director (Voting)	2.50 0.00	X						0.	0.	0.
(729) Randy Blue Director (Voting)	2.50 0.00	X						0.	0.	0.
(730) Randy Zarin Director (Voting)	2.50 0.00	X						0.	0.	0.
(731) Rebecca Rudd Director (Voting)	2.50 0.00	X						0.	0.	0.
(732) Rhonda Hamm Director (Voting)	2.50 0.00	X						0.	0.	0.
(733) Richard Bennett Director (Voting)	2.50 0.00	X						0.	0.	0.
(734) Richard Boggess Director (Voting)	2.50 0.00	X						0.	0.	0.
(735) Richard Brian Patterson Director (Voting)	2.50 0.00	X						0.	0.	0.
(736) Richard Niwinski Director (Voting)	2.50 0.00	X						0.	0.	0.
(737) Richard Schrock Director (Voting)	2.50 0.00	X						0.	0.	0.
(738) Richard Yarmel Director (Voting)	2.50 0.00	X						0.	0.	0.
(739) Rico Viscusi Director (Voting)	2.50 0.00	X						0.	0.	0.
(740) Robert Shwajlyk Director (Voting)	2.50 0.00	X						0.	0.	0.
(741) Robert Taylor Director (Voting)	2.50 0.00	X						0.	0.	0.
(742) Robin Sumner Director (Voting)	2.50 0.00	X						0.	0.	0.
(743) Roger Price Director (Voting)	2.50 0.00	X						0.	0.	0.
(744) Ronda Dodge Director (Voting)	2.50 0.00	X						0.	0.	0.
(745) Rozana Melandinidis Director (Voting)	2.50 0.00	X						0.	0.	0.
(746) Roze Seale Director (Voting)	2.50 0.00	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			
(747) Ryan Barrett Director (Voting)	2.50 0.00	X						0.	0.	0.
(748) Ryan Bell Director (Voting)	2.50 0.00	X						0.	0.	0.
(749) Ryan Caldwell Director (Voting)	2.50 0.00	X						0.	0.	0.
(750) Ryan Holte Director (Voting)	2.50 0.00	X						0.	0.	0.
(751) Ryan Messer Director (Voting)	2.50 0.00	X						0.	0.	0.
(752) Sam Niemi Director (Voting)	2.50 0.00	X						0.	0.	0.
(753) Sandra Rittel Director (Voting)	2.50 0.00	X						0.	0.	0.
(754) Sara Randolph Director (Voting)	2.50 0.00	X						0.	0.	0.
(755) Sara Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(756) Sara Weir Director (Voting)	2.50 0.00	X						0.	0.	0.
(757) Scott Besler Director (Voting)	2.50 0.00	X						0.	0.	0.
(758) Scott Foster Director (Voting)	2.50 0.00	X						0.	0.	0.
(759) Scott Frazer Director (Voting)	2.50 0.00	X						0.	0.	0.
(760) Scott Mertie Director (Voting)	2.50 0.00	X						0.	0.	0.
(761) Scott Nelson Director (Voting)	2.50 0.00	X						0.	0.	0.
(762) Scott Ostenson Director (Voting)	2.50 0.00	X						0.	0.	0.
(763) Shannon St. Hilaire Director (Voting)	2.50 0.00	X						0.	0.	0.
(764) Sharlene Seidman Director (Voting)	2.50 0.00	X						0.	0.	0.
(765) Shawn Harris Director (Voting)	2.50 0.00	X						0.	0.	0.
(766) Shawna Talles Director (Voting)	2.50 0.00	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			
(767) Shelly Rapp Director (Voting)	2.50 0.00	X						0.	0.	0.
(768) Sherah Petrarca Director (Voting)	2.50 0.00	X						0.	0.	0.
(769) Sherrie Thrasher Director (Voting)	2.50 0.00	X						0.	0.	0.
(770) Sherry Evenson Director (Voting)	2.50 0.00	X						0.	0.	0.
(771) Shivam Sohan Director (Voting)	2.50 0.00	X						0.	0.	0.
(772) Sommer Bockerstette Director (Voting)	2.50 0.00	X						0.	0.	0.
(773) Staici West Director (Voting)	2.50 0.00	X						0.	0.	0.
(774) Stan Salwei Director (Voting)	2.50 0.00	X						0.	0.	0.
(775) Stephanie Fischer Director (Voting)	2.50 0.00	X						0.	0.	0.
(776) Stephanie Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(777) Stephen Smith Director (Voting)	2.50 0.00	X						0.	0.	0.
(778) Steven Bauer Director (Voting)	2.50 0.00	X						0.	0.	0.
(779) Steven Berger Director (Voting)	2.50 0.00	X						0.	0.	0.
(780) Steven Febus Director (Voting)	2.50 0.00	X						0.	0.	0.
(781) Steven Haas Director (Voting)	2.50 0.00	X						0.	0.	0.
(782) Steven Hand Director (Voting)	2.50 0.00	X						0.	0.	0.
(783) Sue Marr Director (Voting)	2.50 0.00	X						0.	0.	0.
(784) Sunah Hoferkamp Director (Voting)	2.50 0.00	X						0.	0.	0.
(785) Susane Lim Director (Voting)	2.50 0.00	X						0.	0.	0.
(786) Suzana Dimic Director (Voting)	2.50 0.00	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			
(787) Tamara Sorensen Director (Voting)	2.50 0.00	X						0.	0.	0.
(788) Tami Love Director (Voting)	2.50 0.00	X						0.	0.	0.
(789) Tammy Trovatten Director (Voting)	2.50 0.00	X						0.	0.	0.
(790) Tasia Lay Director (Voting)	2.50 0.00	X						0.	0.	0.
(791) Teosha Harrison Director (Voting)	2.50 0.00	X						0.	0.	0.
(792) Terry Swan Director (Voting)	2.50 0.00	X						0.	0.	0.
(793) Thomas Camp Director (Voting)	2.50 0.00	X						0.	0.	0.
(794) Thomas Morse Director (Voting)	2.50 0.00	X						0.	0.	0.
(795) Tiffany Alvey Director (Voting)	2.50 0.00	X						0.	0.	0.
(796) Timothy Bushur Director (Voting)	2.50 0.00	X						0.	0.	0.
(797) Timothy Hammond Director (Voting)	2.50 0.00	X						0.	0.	0.
(798) Timothy Stadelmann Director (Voting)	2.50 0.00	X						0.	0.	0.
(799) Timothy Stitt Director (Voting)	2.50 0.00	X						0.	0.	0.
(800) Tina Bloom Director (Voting)	2.50 0.00	X						0.	0.	0.
(801) Tina Stone Director (Voting)	2.50 0.00	X						0.	0.	0.
(802) Todd Ritzler Director (Voting)	2.50 0.00	X						0.	0.	0.
(803) Tony Andrade Director (Voting)	2.50 0.00	X						0.	0.	0.
(804) Tony Rinckenberger Director (Voting)	2.50 0.00	X						0.	0.	0.
(805) Traci Arellano Director (Voting)	2.50 0.00	X						0.	0.	0.
(806) Tyler Nessa Director (Voting)	2.50 0.00	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			
(807) Tyrus Carson Director (Voting)	2.50 0.00	X						0.	0.	0.
(808) Vanessa Schmidt Director (Voting)	2.50 0.00	X						0.	0.	0.
(809) Vania Duckett Director (Voting)	2.50 0.00	X						0.	0.	0.
(810) Vicki Jensen Director (Voting)	2.50 0.00	X						0.	0.	0.
(811) Wade Gallon Director (Voting)	2.50 0.00	X						0.	0.	0.
(812) Will Flett Director (Voting)	2.50 0.00	X						0.	0.	0.
(813) William Cogliano Director (Voting)	2.50 0.00	X						0.	0.	0.
(814) William Ortiz Director (Voting)	2.50 0.00	X						0.	0.	0.
(815) Xhemil (John) Koliiani Director (Voting)	2.50 0.00	X						0.	0.	0.
(816) Zachary Colby Director (Voting)	2.50 0.00	X						0.	0.	0.
(817) Zoe Kennedy Director (Voting)	2.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Healthcare Financial Management
Association Group Return**

Form 990 (2019)

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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 <u>Sponsorship</u>	Business Code 611710	4,844,240.	4,844,240.			
	b <u>Meeting Income</u>	611430	4,075,817.	4,075,817.			
	c <u>Membership Dues</u>	611430	878,810.	878,810.			
	d <u>Publications</u>	511120	44,900.	44,900.			
	e						
	f All other program service revenue	900099	42,255.	42,255.			
	g Total. Add lines 2a-2f		9,886,022.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		66,942.			66,942.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
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	900099	2,421.			2,421.	
	e Total. Add lines 11a-11d		2,421.				
12 Total revenue. See instructions		9,955,385.	9,886,022.	0.	69,363.		

**Healthcare Financial Management
Association Group Return**

Form 990 (2019)

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 ...	50,000.			
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	32,020.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,142.			
11 Fees for services (nonemployees):				
a Management	543,540.			
b Legal				
c Accounting	173,817.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,854.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	90,393.			
12 Advertising and promotion				
13 Office expenses	443,389.			
14 Information technology	330,758.			
15 Royalties				
16 Occupancy				
17 Travel	870,214.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,819,407.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,956.			
23 Insurance	70,041.			
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	97,629.			
b Printing and Publicatio	45,060.			
c				
d				
e All other expenses	180,151.			
25 Total functional expenses. Add lines 1 through 24e	8,763,371.			
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 (2019)

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	6,277,335.	1	6,019,407.
	2 Savings and temporary cash investments	4,025,556.	2	4,420,809.
	3 Pledges and grants receivable, net	491,467.	3	512,465.
	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	520,648.	9	539,219.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,243.		
	b Less: accumulated depreciation	0.		
	11 Investments - publicly traded securities	31,416.	10c	10,243.
	12 Investments - other securities. See Part IV, line 11	1,938,601.	11	1,817,859.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	105,595.	14	138,505.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,390,618.	15	13,458,507.	
Liabilities	17 Accounts payable and accrued expenses	1,105,116.	16	13,458,507.
	18 Grants payable		17	238,190.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	1,348,467.	19	1,112,734.
	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	149,341.	24	84,564.
	26 Total liabilities. Add lines 17 through 25	2,602,924.	25	1,435,488.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,787,694.	26	1,435,488.
	28 Net assets with donor restrictions		27	12,023,019.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	10,787,694.	31	12,023,019.
	33 Total liabilities and net assets/fund balances	13,390,618.	32	13,458,507.

Form **990** (2019)

**Healthcare Financial Management
Association Group Return**

Form 990 (2019)

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	9,955,385.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,763,371.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,192,014.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,787,694.
5	Net unrealized gains (losses) on investments	5	40,120.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,191.
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	12,023,019.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133? _____		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** (2019)

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

<u>Name of Organization</u>	<u>Organization's Address</u>	<u>Employer ID</u>
Central Pennsylvania Chapter	100 North Academy Avenue 49-54 - Danville, PA 17822-0001	20-8908213
Nebraska Chapter	1700 Farnam Street, Ste. 1500 - Omaha, NE 68102	20-8921409
Great Lakes Chapter	4000 Wellness Drive - Midland, MI 48670-2000	26-0173710
Central Ohio Chapter	5459 Olivia Michal Place, No. 304 - Westerville, OH 43081-6070	26-0173875
Connecticut Chapter	16 Rue Nicole - Barkhamsted, CT 06063-3359	26-0266785
Eastern Michigan Chapter	5823 Birkenhills Court - Oakland Twp, MI 48306-4932	26-0206453
First Illinois Chapter	3187 Bennett Place - Aurora, IL 60502-7070	20-8908384
Indiana Pressler Memorial Chapter	12682 Overture Drive - Carmel, IN 46033-8522	26-0173810
Iowa Chapter	121 W Bridge Street - Owatonna, MN 55060-2917	20-8641631
Sunflower (Kansas) Chapter	401 Cedar Circle - Lindsborg, KS 67456	26-0180406
Maine Chapter	280 Fore Street, Ste. 400 - Portland, ME 04101-4177	20-8919744
Massachusetts-Rhode Island Chapter	P.O. Box 284 - Greenbush, MA 02040-0284	26-0267035
McMahon-Illini Chapter	701 N. First Street, P.O. Box 128 - Springfield, IL 62781-0001	26-0206827

<u>Healthcare Financial Management Associat</u>		<u>23-7037143</u>
Metropolitan New York Chapter	265 Post Avenue - Westbury, NY 11590	26-0266961
Minnesota Chapter	1095 Highway 15 South - Hutchinson, MN 55350	26-0174008
New Hampshire-Vermont Chapter	91 Jackson Street - Newport, ME 05855-9820	20-8791030
New Jersey Chapter	20 Kinney Drive - Ewing, NJ 08618-2532	26-0266857
North Dakota Chapter	115 Vivian Street, Park River - Park River, ND 58270	20-8921672
Northeastern New York Chapter	211 Church Street - Saratoga Springs, NY 12866-1090	20-8938973
Northeast Ohio Chapter	1447 Summit Drive - Mayfield Heights, OH 44124-1520	26-0267100
Northeastern Pennsylvania Chapter	22 Napoli Street - Wilkes Barre, PA 18702-7107	26-0267070
Northwest Ohio Chapter	11820 Knauss Road - Bellevue, OH 44811-9710	26-0180270
Rochester Regional Chapter	661 Greenleaf Meadows - Rochester, NY 14612	26-0180338
South Dakota Chapter	353 Fairmont Boulevard - Rapid City, SD 57701	20-8921559
Southern Illinois Chapter	510 Lincoln Drive - Herrin, IL 62948	26-0266989
Southwestern Ohio Chapter	537 E Pete Rose Way, Ste. 300 - Cincinnati, OH 45202-3578	20-8921622
Western Pennsylvania Chapter	1163 Country Club Road - Monongahela, PA 15063-1095	26-0266715
Metropolitan Philadelphia Chapter	882 Fulton Avenue - Lansdale, PA 19446	26-0173989

<u>Healthcare Financial Management Associat</u>		<u>23-7037143</u>
Western Michigan Chapter	206 W Center Street - Ithaca, MI 48847-1415	20-8791280
Hudson Valley NY Chapter	629 Fifth Avenue, Suite 221 - Pelham, NY 10803	26-0173950
Western New York Chapter	Elm & Carlton Streets - Buffalo, NY 14263	20-8776632
Alabama Chapter	2104 Glenwood Drive - Opelika, AL 36801	26-0198218
Arizona Chapter	2178 E. Wisteria - Chandler, AZ 85286	26-0173605
Arkansas Chapter	8 Chinkapin - Monticello, AR 71655-9404	26-0206558
Lone Star Chapter	200 S Ryan Drive, No. 6201 - Red Oak, TX 75154	20-8939028
Colorado Chapter	9191 E Mineral Circle - Centennial, CO 80112-	26-0173905
Florida Chapter	16211 Belle Meade Boulevard - Odessa, CA 33556	20-8938813
Georgia Chapter	1225 Johnson Ferry Road, Suite 821 - Marietta, GA 30068	20-8919270
Hawaii Chapter	87-900 Kulauku Street - Waianae, HI 96792	20-8919393
Idaho Chapter	1215 E Main Avenue - Spokane Valley, ID 99206-6130	20-8919655
Kentucky Chapter	600 N Hurstbourne Parkway - Louisville, KY 40222-5385	26-0206709
Louisiana Chapter	5593 SE 44th Circle - Ocala, LA 34480	20-8791114
Maryland Chapter	2301 Madison Avenue - Baltimore, MD 21217-3938	20-8921362

Healthcare Financial Management Associat23-7037143

Mississippi Chapter	159 Mason Way - Madison, MS 39110	26-0180014
Montana Chapter	106 Whispering Meadows Tr. - Kalispell, MT 59901	26-0206888
New Mexico Chapter	9521 San Mateo NE - Albuquerque, NM 87113-2237	26-0180089
North Carolina Chapter	28 Circlewood Drive - Hilton Head Island, NC 29926	26-0266883
Northern California Chapter	P.O. Box 1195 - Loomis, CA 95650-1195	26-0180211
Oklahoma Chapter	3513 Grizzly Ridge Court - Yukon, OK 73099	20-8921455
Oregon Chapter	1401 N Tenth Avenue - Stayton, OR 97383-1399	26-0207035
San Diego-Imperial Chapter	250 Prospect Place - Coronado, CA 92118	26-0207149
South Carolina Chapter	111 Golden Crest Court - Mauldin, SC 29662-2883	20-8791193
Tennessee Chapter	163 Abbey Road - Gallatin, TN 37066	20-8791212
Texas Gulf Coast Chapter	10614 Ella Lee Lane - Houston, TX 77042	26-0267128
Utah Chapter	36 S. State Street, Ste. 1600-WTC 7 - Salt Lake City, UT 84111	20-8938864
Washington-Alaska Chapter	12015 E Main Avenue - Spokane Valley, WA 99206-6130	26-0266664
South Texas Chapter	8200 W Interstate 10, Ste. 900 - San Antonio, TX 78230-3806	26-0138808

<u>Healthcare Financial Management Associat</u>		<u>23-7037143</u>
Nevada Chapter	801 S. Rancho Drive C-1 - Las Vegas, NV 89106	26-0266752
Wyoming Chapter	150 E. Arapahoe - Thermopolis, WY 82443-2443	26-0207629
Central New York Chapter	750 E Adams Street - Syracuse, NY 13210	26-0206629
Wisconsin Chapter	1222 Crystal Pointe Court - Three Lakes, WI 54562	26-0266618
Virginia-Washington DC Chapter	2529 Avermore Pond Road - Charlottesville, VA 22911	26-0207584
West Virginia Chapter	80 Maple Lake Court - Bridgeport, WV 26330-7616	26-0217502
Puerto Rico Chapter	Ponce Street, No. 19 - San Juan, PR 00917	20-8938918
Southern California Chapter	4 Shady Vista Road - Rolling Hills Estates, CA 90274	26-0207449
Greater Heartland Chapter	910 E. St. Louis Street, Ste. 200 - Springfield, MO 65801	83-1647010

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

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

**Healthcare Financial Management
Association Group Return**

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> 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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		10,243.		10,243.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,243.

**Healthcare Financial Management
Association Group Return**

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, col. (B) line 12.) ▶		

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, col. (B) line 13.) ▶		

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, col. (B) line 15.) ▶	

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	84,564.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	84,564.

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 ...

**Healthcare Financial Management
Association Group Return**

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 . (<i>This must equal Form 990, Part I, line 12.</i>)		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 . (<i>This must equal Form 990, Part I, line 18.</i>)		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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

**Employer identification number
23-7037143**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Healthcare Financial Management Education Foundation Group Return - 3 Westbrook Corporate Center, Suite 600 - Westchester, IL 60154	36-3920055	501(c)(3)	50,000.	0.			General Operating Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**Healthcare Financial Management
Association Group Return**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

As HFMA Education Foundation Group Return is a 501(c)(3) organization, no monitoring is required.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
23-7037143

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**Healthcare Financial Management
Association Group Return**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Joseph J. Fifer President & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	639,303.	0.	80,113.	83,894.	26,508.	829,818.	55,693.
(2) Joyce Zimowski SVP/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,660.	0.	32,881.	19,767.	9,508.	348,816.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

The compensation is determined by the related organization, Healthcare
Financial Management Association. The following methods were used:

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Compensation survey or study
- Approval by the board or compensation committee

Part I, Line 4b:

The following individual received a contribution to their supplemental
non-qualified retirement plan in 2019:

Joseph Fifer - \$64,294

The following individuals received payouts from their supplemental
non-qualified retirement plan in 2019:

Healthcare Financial Management
Association Group Return

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Joseph Fifer - \$55,693

Joyce Zimowski - \$1,195 (\$26,293 paid directly to Ms. Zimowski via payroll
for 2019 contribution amount)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	Healthcare Financial Management Association Group Return	Employer identification number	23-7037143
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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 over 58,000 professional members who work in 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

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).

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Healthcare Financial Management Association Group Return** Employer identification number **23-7037143**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Healthcare Financial Management Association Educational Foundation - 36-2544, Three Westbrook Corp. Center, #600, Westchester,	Foster/Increase financial management knowledge through education	Illinois	501(c)(3)	Line 10	Healthcare Financial Management		X

Healthcare Financial Management

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HFMA Learning Solutions, Inc. - 36-4239827 Three Westbrook Corporate Center Westchester, IL 60154	Education Media	IL	N/A	C CORP					X

**Healthcare Financial Management
Association Group Return**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Healthcare Financial Management

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name, Address, and EIN of Related Organization:

Healthcare Financial Management Association Educational Foundation

EIN: 36-2544491

Three Westbrook Corp. Center, #600

Westchester, IL 60154

Direct Controlling Entity: Healthcare Financial Management Association

Part II

Healthcare Financial Management Association Educational Foundation is a related organization which is included in another group exemption with subordinate organizations. The Foundation is affiliated with HFMA through common membership of their respective Boards of Directors.