

## **Authorization for inclusion of Region information in HFMA Group Information Return**

**TO:** Healthcare Financial Management Association  
2001 Butterfield Rd., Suite 1500  
Downers Grove, IL 60515

**ATTN:** Perla Gallegos, Accountant  
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E-mail: [accounting@hfma.org](mailto:accounting@hfma.org)

**This is to certify that a copy of the region's Informational Form 990 will be provided to the region's governing body before it was submitted to the HFMA Accounting department and therefore** you are hereby authorized to include the above indicated Region of the Healthcare Financial Management Association in the group information tax return (IRS Form 990) that you are filing on behalf of the Regions that have been ruled to be exempt from Federal income tax by the Internal Revenue Service. This Region understands that its inclusion in the group return that is being filed shall be in lieu of the filing by the Chapter and Region of a separate return. Attached hereto for permanent retention by you are this Region's statements (including specifically items of gross income, receipts and disbursements and such other information relating to same as has been requested to be stated for inclusion in the group return) of the information necessary for the group return, as of the most recent fiscal year ending May 31.

I hereby certify that I, the Region President/Treasurer, have been authorized to sign this authorization and submit same to you. I hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith for the taxable year submitted.