PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY C Name of organization D Employer identification number Check if applicable: Healthcare Financial Management Address change Association Educational Foundation Name 36-2544491 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1500 708-531-9600 2001 Butterfield Rd 9,020,301. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 60515 Downers Grove, IL H(a) Is this a group return return
Application
pending F Name and address of principal officer: C. Ann Jordan Yes X No for subordinates? same as C above H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: N/AH(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1996 M State of legal domicile: IL Association Other Part I Summary Briefly describe the organization's mission or most significant activities: To define, realize and advance Activities & Governance the financial management of health care by helping members and if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 18,325. 12,351. Contributions and grants (Part VIII, line 1h) 8 Revenue 5,532,344. 8,470,722. Program service revenue (Part VIII, line 2g) 537,228. 597.548. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 6,148,217. 9,020,301 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 6,431,538. 7,659,405. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,431,538. 7,659,405. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -283,321. 1,360,896. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 29,555,753. 32,485,751 Total assets (Part X, line 16) 6,824,277. 9,019,981 21 Total liabilities (Part X, line 26) 三年 22,731,476. 23,465,770 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Ann Jordan, President & CEO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 03/25/24 P01247672 Rebekuh Elev Rebekuh Eley self-employed Paid Firm's name RSM US LLP Firm's EIN 42-0714325 Preparer Firm's address 30 South Wacker Dr, Suite 3300 Use Only Phone no. 312-634-3400 Chicago, IL 60606-3392

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

		Healthcare Financial Manageme			
	990 (2		ation	36-2544491	Page 2
Pai	t III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this Part III		<u></u>	<u> </u>
1		y describe the organization's mission:	-	C 1 1.1	
		define, realize and advance the financia			<u>re</u>
		helping members and others improve the l			
	org	ganizations operating in or serving the l	nealthcare fie	:Ia.	
2		he organization undertake any significant program services during the year whic			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	•	Form 990 or 990-EZ?		Yes	LA No
_		es," describe these new services on Schedule O.			▼
3		he organization cease conducting, or make significant changes in how it conduc	cts, any program services?	Yes	A No
		es," describe these changes on Schedule O.			
4		ribe the organization's program service accomplishments for each of its three la			
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of granue, if any, for each program service reported.	ints and allocations to othe	rs, the total expenses, ar	IU
4a) (Dave	8 470	722.
'i a		purpose of Healthcare Financial Manager			
		indation (EF) is to receive and administe			<u> </u>
		icational purposes, including the instruc			
		dividuals and groups, utilizing discussion			
		ctures or similar programs and through va			
		the purpose of improving or developing			
		althcare financial management. The large			
		EF is the Annual Conference which provi			
		face to face education, lecture, panel			
	pra	actice processes and networking.			
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
	,				
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	

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

including grants of \$ 7 , 414 , 395 .) (Revenue \$

Total program service expenses

Healthcare Financial Management Form 990 (2022) Association Educational Foundation 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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			\ . .
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		Х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d	х	
е	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l <u>.</u> _
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Healthcare Financial Management Form 990 (2022) Association Educational Foundation

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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	23	X	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			,
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	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	07		X
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Healthcare Financial Management Association Educational Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part V

22 Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return 1 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 bit Pres, 'has it filed a Form 990-T for this year? If "No! to line 3b, provide an explanation or Schedule 0 3 bit Pres, 'has it filed a Form 990-T for this year? If "No! to line 3b, provide an explanation or Schedule 0 4 bit Pres, 'has it filed a Form 990-T for this year? If "No! to line 3b, provide an explanation or Schedule 0 4 bit Pres, 'tent the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 bit Pres, 'tent the name of the foreign country 5 centre of the security of the present of the section 4905 in				ı		Yes	No				
bill fall teast one is reported on line 2a, clid the organization file all required federal amployment tax returns? 2b 3a X bill fives, has it flied a Form 990 Till for this year? *inho* 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 signiture or other authority over, a financial account is foreign country (such as a bank account, securities account, or extended the financial account? 4b if Yees, enter the name of the foreign country (such as a bank account, securities account, or enter financial accounts (FBAR). 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d was the organization aparty to a prohibited tax shelt are normally greater than \$100,000, and did the organization solicit any contributions that twen not tax deductible as charitable contributions. 5d was the contributions or gits were not tax deductible? 6d were not tax deductible? 7d organization and party to prohibited tax shelt that such contributions or gits were not tax deductible? 7e were not tax deductible? 7e were not tax deductible? 7e ordinary accessed eductible contributions under section 170(c). 8e were not tax deductible? 7e were not tax deductible? 7e ordinary accessed eductible contributions under section 170(c). 8e ordinary accessed to the organization necessed springer to the goods or services provided? 7e ordinary accessed to the organization necessed sprohibited tax the property of the goods or services provided? 7e	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yea, his afficial Form 990 of froit his year? Year, his or 3b, provide an explanation on Schedule 0 4c 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)? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 6c Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 6c Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Bost the organization interest as premial miceases of \$5 made party that are normally for goods and services provided to the payor? 6c Bost the organization receive a payment in excess of \$5 made party that so contribution or payors and services provided? 6c Bost the organization sell-approximation excess payment in excess of \$5 made party that so contribution or payment in excess of \$5 made party that so contribution or payment in excess of \$5 made party that so contribution or the goods or services provided? 6d If Yeas, indicate the number of Forms \$222 filed during the year 6d If Yeas, indicate the number of Forms \$222 filed during the year 6d If Yeas, indicate the number of Forms \$222 filed		filed for the calendar year ending with or within the year covered by this return	2a	0							
b if Yes, "last if fised a Form 990-T for this year? (if "No" to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the organization tave 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 accountry) 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 59 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 50 Was the organization and organization file Form 8886-17? 50 Was the organization and party and the organization file Form 8886-17? 50 Was the organization selected that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions; and the organization of the organization include with every solicitation an express slatement that such contributions or gifts were not tax deductible? 60 Was the organization receive apyment in access of \$15 made party as a contribution and party for goods and services provided? 70 Organization seceive apyment in access of \$15 made party as a contribution and party for goods and services provided to the payor? 71 Was if the organization selected apyment in access of \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a contribution of access to \$15 made party as a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b						
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 accounts (FBAR). 5b If "Yes" infer the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization than the organization at more of the foreign country (such as a benefit transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 5c If If yes, "Indicate the number of Forms 8282 filed during the year 6c If If Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization flat the payor plants, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flat a Form 829 as required? 8c Spensoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flat a Form 829 as required? 10c If	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
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 accounts (FBAR). 5b If "Yes" infer the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization than the organization at more of the foreign country (such as a benefit transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 5c If If yes, "Indicate the number of Forms 8282 filed during the year 6c If If Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization flat the payor plants, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flat a Form 829 as required? 8c Spensoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flat a Form 829 as required? 10c If	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
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 approxy to a prohibited tax shelter transaction? 5b Was the organization foreign a prohibited tax shelter transaction? 5c Was the organization that organization that it was or is a party to a prohibited tax shelter transaction? 5b X if "Yes" to life to 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization nective a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," indicates the number of Forms 8282? 7 c Did the organization entity the clinn or the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 7 b If the organization receives any funds, directly, or indirectly, to pay premiums on a personal benefit contract? 7 c X 7 d If the organization received a contribution of qualified intellectual peoperty, did the organization file a Form 1098 C7 8 Sponsoring organizations make any taxobiding at any time during the year 9 sponsoring organizations make any taxobiding at any time during the year 10 b If the sepanization received a contribution of almost, other section 4966? 9 a If the organization received to make any taxobiding at any time during the year 10 b If the sponsoring organizations make any taxobiding at any time during the year 11 b If Section 801(c)(12) organizations. Enter: 12	4a										
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. b 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 the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?											
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities								
					17						

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.

0						X
Sec	tion A. Governing Body and Management					
		ı	1 12		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13			
	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	1 b	12			
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	direc	t 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 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b	Х	
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	·			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		••••••			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, and	financ	cial	
	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 boo	ks an	d records			
	Steve S. Saldivar - 708-531-9600					
	2001 Butterfield Rd, 1500, Downers Grove, IL 60515	·				

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

X

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than o		nne	Reportable	Reportable	Estimated		
	hours per	box,	pox, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week			u a ui			(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		эуее	om be		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) Joseph J. Fifer	13.00	3,7		37				410 000	070 554	117 670
President & CEO until 5/31/23	27.00	Х		Х				419,809.	9/9,554.	117,678.
(2) Richard Gundling	13.00				37			140 005	226 670	96 070
SVP, Healthcare Financial Practices	27.00				Х			140,005.	326,679.	86,070.
(3) William Casey	13.00				37			100 114	204 024	72 012
SVP, Member Experience and Business (4) Richard Lucas	27.00 13.00				Х			122,114.	284,934.	73,013.
Director, Channel Assets	27.00					х		135,305.	315,712.	22,252.
(5) Mary Mirabelli	13.00							133/3031	313 / 1121	22,2324
SVP, Content Strategy and Delivery	27.00				Х			120,487.	281,137.	44,726.
(6) Vincent Lynn	13.00									
Enterprise Account Executive	27.00					Х		122,690.	286,276.	33,350.
(7) Joyce Zimowski	13.00									
SVP/CFO until 12/6/22	27.00				Х			117,462.	274,078.	31,732.
(8) Lisa Richards	13.00									
VP, People and Culture	27.00				Х			79,945.	186,539.	60,566.
(9) Todd Nelson	13.00								40= 404	2 4 2 4
Director, Partner Relationships	27.00					Х		80,329.	187,434.	37,196.
(10) Richard Schellenberg	13.00							60.000	160 000	20 506
Account Executive	27.00					Х		68,928.	160,832.	32,796.
(11) Rita Walker	13.00							65 110	151 046	41 560
Director, Channel Assets	27.00					X		65,119.	151,946.	41,769.
(12) Aaron R Crane	0.40	7.7		37					0	0
Chairman	4.00 0.40	Х		Х				0.	0.	0.
(13) Dennis E. Dahlen Chair-Elect	3.60	х		х				0.	0.	0.
(14) Marc B. Scher	0.30	Λ		Λ				0.	0.	<u> </u>
Secretary/Treasurer	3.00	х		Х				0.	0.	0.
(15) Abby Birch	0.30	Λ		Λ				0.	0.	<u> </u>
Director	2.30	x						0.	0.	0.
(16) Colleen M. Blye	0.30	25						•	•	<u>.</u>
Director		х						0.	0.	0.
(17) Maureen A. Clancy	0.30									
Director	2.30	Х						0.	0.	0.

Form 990 (2022) ASSOCIAL	TOIL Educ	<u>:αι</u>	<u>. T O</u>	ıııa	<u></u>	ΓO	uII	uation	30-2344	491 Page 6
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Matthew E. Cox	0.30								_	_
Director	2.30	Х						0.	0.	0.
(19) Carladenise Armbrister Edwards	0.30	l								
Director	2.30	Х						0.	0.	0.
(20) David W. Johnson	0.30	ŀ							_	
Director	2.30	Х						0.	0.	0.
(21) Jeffrey T. O'Malley	0.30									
Director	2.30	Х						0.	0.	0.
(22) Margaret L. Schuler	0.30									
Director	2.30	Х						0.	0.	0.
(23) Marcus Whitney	0.30									
Director	2.30	Х						0.	0.	0.
1b Subtotal	1	I		I		_	I	1,472,193.	3,435,121.	581,148.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,472,193.	3,435,121.	581,148.

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

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
Production Resource Group, LLC		
	Event Services	651,832.
Service America Corporation dba Centerplate		
700 14th Street, Denver, CO 80202	Catering Services	585,162.
Shepard Exposition Services, 1778 Marietta		
Boulevard NW, Atlanta, GA 30318	Exposition Services	204,686.
Hilton New Orleans Riverside	Catering/Room	
Two Poydras Street, New Orleans, LA 70130	Services	160,194.
SMG dba ASM Global Colorado Convention Cent		
700 14th Street, Denver, CO 80202	Facility Rental	124,619.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
		000

		Check if Schedule O contains a respon-	se or note to any lir	ne in this Part VIII			
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
					Tan out on the out of the out		sections 512 - 514
ts ts	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues 1b					
S, G	(Fundraising events1c					
Sift. ar /	(d Related organizations 1d					
imil	•	e Government grants (contributions)					
tion S	1	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	12,351.				
dt	ģ	Noncash contributions included in lines 1a-1f 1g \$					
<u>8 0</u>	l	Total. Add lines 1a-1f	T	12,351.			
			Business Code	4 222 455	1 222 155		
e S		Sponsorships	900099	4,329,465.	4,329,465.		
Program Service Revenue		Exhibits & Fees	611710	3,690,655.	3,690,655.		
	(Training	611710	317,813.	317,813.		
ran Sev	(Education Education	611710	107,498.	107,498.		
og F	•	e		25.001	25 221		
٩		All other program service revenue		25,291.	25,291.		
		Total. Add lines 2a-2f		8,470,722.			
	3	Investment income (including dividends, int		404 514			404 514
		other similar amounts)		484,714.			484,714.
	4	Income from investment of tax-exempt bond	•				
	5	Royalties					
		(i) Real	(ii) Personal	-			
		Gross rents 6a		-			
		Less: rental expenses 6b		-			
		Rental income or (loss)					
		Net rental income or (loss)	o (ii) Othor				
	7 8	a Gross amount from sales of (i) Securitie		-			
	_	assets other than inventory 7a 52,514	:•	-			
•	ı	Less: cost or other basis					
ă				-			
ther Revenue		. ,	•	52,514.			52,514.
Æ		d Net gain or (loss)		32,314.			32,314.
ţ	8 8	Gross income from fundraising events (not including \$ of					
0							
		contributions reported on line 1c). See Part IV, line 18	Ba l				
			8b	-			
		Net income or (loss) from fundraising events	•				
		a Gross income from gaming activities. See	,				
	5 6		9a				
	ŀ		9b	-			
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		-	0a				
	ı		0b	-			
		Net income or (loss) from sales of inventory	•				
		(, saids 5 sinor)	Business Code				
snc	11 a	a					
ine pue							
Miscellaneous Revenue	(
lisc Be	(All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		9,020,301.	8,470,722.	0.	537,228.

Je cti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiele coluitiii (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	4,107,487.	3,991,508.	115,979.	
b	Legal	,	, ,	,	
С	Accounting	35,880.		35,880.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,572.		29,572.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	758,058.	754,608.	3,450.	
12	Advertising and promotion	177,185.	177,185.		
13	Office expenses	131,758.	72,629.	59,129.	
14	Information technology	876,952.	876,952.		
15	Royalties				
16	Occupancy	1 000 556	1 001 556	1 000	
17	Travel	1,032,576.	1,031,576.	1,000.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	509,937.	509,937.		
19	Conferences, conventions, and meetings	303,331.	505,531.		
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
a					
b					
c d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,659,405.	7,414,395.	245,010.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	.,,	.,===,0000		3.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	123,320.	1	5,009,415.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,158,422.
	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	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	1 121 171	9	753,949.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	19,633,180.	11	19,540,872.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,775,142.	15	5,023,093.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	32,485,751.
	17	Accounts payable and accrued expenses		17	213,948.
	18	Grants payable		18	0 006 000
	19	Deferred revenue		19	8,806,033.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	6,824,277.	26	9,019,981.
	26	Organizations that follow FASB ASC 958, check here	0,024,2771	20	J,01J,J01.
S		and complete lines 27, 28, 32, and 33.			
ğ	27		22,731,476.	27	23,465,770.
gala	28	Net assets without donor restrictions Net assets with donor restrictions		28	23/103///00
펄	20	Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	23,465,770.
2	33	Total liabilities and net assets/fund balances	00 555	33	32,485,751.
	J	ו טימו וומטוווגופט מווע וופג מטטפגט/ועווע טמומוועדט	25/555/755	55	22,103,13.

Form **990** (2022)

Pa	rt 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	02,02	0,3	01.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,65 L,36			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	2,73	731,476		
5	Net unrealized gains (losses) on investments	5		-62	6,6	02.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
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	23	3,46	5,7	70.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	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?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule () .				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Healthcare Financial Management Association Educational Foundation 36-2544491 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Healthcare Financial Management

Schedule A (Form 990) 2022

Association Educational Foundation

36-2544491 Page 2	2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi				01(c)(3)	_	
	organization, check this box and stop	here			•••••			
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and	
	$\ensuremath{\text{stop}}$ here. The organization qualifies		•					
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circu		-	•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		, ,	,	,	. ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	0.	2,945.	0.	18,325.	12,351.	33,621.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11054202.	7533488.	2496277.	5532344.	8470722.	35087033.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	11054202.	7536433.	2496277.	5550669.	8483073.	35120654.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			202 500	105 100	000 006	0.60 656
	amount on line 13 for the year			383,520.	185,130.	292,006.	860,656.
	Add lines 7a and 7b			383,520.	185,130.	292,006.	860,656.
<u>8</u>	Public support. (Subtract line 7c from line 6.)						34259998.
		(a) 2019	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018 11054202.	7536433.	(c) 2020 2496277.	(d) 2021 5550669.	(e) 2022 8483073	(f) Total 35120654.
	Gross income from interest,	110342021	7330433.	24702176	3330003.	0403073.	33120034.
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	791,736.	576,045.	549,579.	370,057.	484,714.	2772131.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	F04 F06	556 045	540 550	200 200	404 544	0550404
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	791,736.	576,045.	549,579.	370,057.	484,714.	2772131.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	11845938.	8112478.	3045856.	5920726.	8967787.	37892785.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,
_	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (I		•	olumn (f))		15	90.41 %
	Public support percentage from 2021					16	84.93 %
	ction D. Computation of Inves				1		7 20
	Investment income percentage for 20					17	7.32 % 13.62 %
	Investment income percentage from					18 1/20/ and line 1	
198	33 1/3% support tests - 2022. If the						v
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	=	-	•			
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
ı			
	•		
- 1	2		
- 1	3a		
	3b		
	3с		
- 1			
- 1	4a		
	4b		
H	4c		
	50		
- 1	5a		
-	5b		
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- 1	10a		
	10b		
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Healthcare Financial Management Association Educational Foundation

Schedule A (Form 990) 2022

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Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Healthcare Financial Management

Association Educational Foundation Schedule A (Form 990) 2022

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must		•				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Association Educational Foundation

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(OOTTERT IC	10u)					
Sect	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	3							
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
С	From 2019								
d	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2018								
b	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								

Schedule A (Form 990) 2022

Healthcare Financial Management 36-2544491 Page 8 Association Educational Foundation Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

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

Inspection

Healthcare Financial Management Name of the organization Association Educational Foundation

Employer identification number 36-2544491

		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised fund	ds
	are the organization's property, subject to the organization's ex	cclusive legal control?		Yes I
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds c	an be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	pose conferri	ing
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form	990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreation	on or education) Preserva	tion of a histo	orically important land area
	Protection of natural habitat	Preserva	tion of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the	form of a cor	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired aff	er July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated	by the organi:	zation during the tax
	year			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handli	ng of	
	violations, and enforcement of the conservation easements it $\ensuremath{^{\text{h}}}$	nolds?		Yes I
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing	g conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing cor	nservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes I
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial s	tatements tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, o	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue stater	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researc	h in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes thes	e items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statemen	t and balance	sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research i	n furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treas			' control of the cont
	the following amounts required to be reported under FASB AS		· · · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
L	Assats included in Form 000. Part V			Φ

Healthcare Financial Management 36-2544491 Page 2 Association Educational Foundation Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 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 Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment 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 Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)

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.

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

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									
e Other				<u> </u>					
Total. Add lines 1a through 1e. (Column (d) must equa	Form 990 Part X colun	an (R) line 10c)	_	0.					

Schedule D (Form 990) 2022

3b

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. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part VII Investments - Other Securities.	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (E) (E) (F) (G) (D) (E) (E) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G			1	-of-vear market value
	10.5	(D) Doon Talias	(c) meaned or randament coor or one	or your marries raise
(3) Other (4) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
A				
(G) (C) (C) (D) (E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organizati				
(E) (F)	(C)			
(F) (G) (G) (D)	(D)			
(6) (9) (10) (10) (10) (10) (10) (10) (10) (10	(E)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.	(F)			
Total Ciol (b) must equal Form 990, Part X, col. (B) line 12.)	(G)			
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 (l) Method of valuation: Cost or end of year value (l) Method of valuation: Cost or end of year value (l) Method of valuation: Cost or end of year value (l) Method of valuation: Cost or end of year value (l) Method of year value (l) Method of year value (l) Method of y				
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	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	nat reports the

Association Educational Foundation

Pai	rt XI Reconciliation of Revenue per Audited Finan	cial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial state	ments	1	8,364,127.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a -626,602.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-626,602.
3	Subtract line 2e from line 1		3	8,990,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 29,572.		
b	Other (Describe in Part XIII.)	4b		
С	, ad mice id and is		4c	29,572.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	t I. line 12.)	5	9,020,301.
	. 370 - 00 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0			
Pa	rt XII Reconciliation of Expenses per Audited Fina	ncial Statements With Expenses per F	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Final Complete if the organization answered "Yes" on Form 990,	ncial Statements With Expenses per F Part IV, line 12a.	Retur	
1 Pa	rt XII Reconciliation of Expenses per Audited Fina	ncial Statements With Expenses per F Part IV, line 12a.	Retur	n. 7,629,833.
	rt XII Reconciliation of Expenses per Audited Final Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ncial Statements With Expenses per F Part IV, line 12a.	Retur	
1	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ncial Statements With Expenses per F Part IV, line 12a	Retur	
1 2	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ncial Statements With Expenses per F Part IV, line 12a	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	Part IV, line 12a. 2a 2b 2c	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Part IV, line 12a. 2a 2b 2c 2d	1	7,629,833.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Part IV, line 12a. 2a 2b 2c 2d	1 2e	7,629,833.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Part IV, line 12a. 2a 2b 2c 2d	1	7,629,833.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Part IV, line 12a. 2a 2b 2c 2d	1 2e 3	7,629,833.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 29,572.	1 2e 3	7,629,833.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a 29,572.	1 2e 3	7,629,833. 0. 7,629,833.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 29,572.	1 2e 3	7,629,833.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Foundation follows the provisions of the Accounting for Uncertainty in Income Taxes section of the Income Taxes Topic of the Codification, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Foundation and various positions related to the potential sources of unrelated business income (UBI). There were no unrecognized tax benefits identified or recorded as liabilities as of May

Healthcare Financial Management Association Educational Foundation 36-2544491 Page 5 Schedule D (Form 990) 2022 Part XIII | Supplemental Information (continued) 31, 2023 and 2022.

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Healthcare Financial Management Association Educational Foundation Employer identification number 36-2544491

Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Joseph J. Fifer	(i)	372,200.	46,338.	1,271.	28,275.	7,028.	455,112.	20,678.
President & CEO until 5/31/23	(ii)	868,467.	108,121.	2,966.	65,976.	16,399.	1,061,929.	48,248.
(2) Richard Gundling	(i)	122,999.	15,367.	1,639.	17,285.	8,536.	165,826.	14,062.
SVP, Healthcare Financial Practices	(ii)	286,997.	35,857.	3,825.	40,331.	19,918.	386,928.	32,812.
(3) William Casey	(i)	108,324.	12,962.	828.	15,582.	6,322.		11,204.
SVP, Member Experience and Business	(ii)	252,757.	30,245.	1,932.	36,357.	14,752.	336,043.	26,143.
(4) Richard Lucas	(i)	134,918.	0.	387.	3,435.	3,240.	141,980.	0.
Director, Channel Assets	(ii)	314,809.	0.	903.	8,016.	7,561.	331,289.	0.
(5) Mary Mirabelli	(i)	104,902.	13,139.	2,446.	6,405.	7,013.	133,905.	9,302.
SVP, Content Strategy and Delivery	(ii)	244,771.	30,659.	5,707.	14,945.	16,363.	312,445.	21,706.
(6) Vincent Lynn	(i)	122,648.	0.	42.	1,880.	8,125.	132,695.	0.
Enterprise Account Executive	(ii)	286,178.	0.	98.	4,387.	18,958.	309,621.	0.
(7) Joyce Zimowski	(i)	101,710.	13,510.	2,242.	6,405.	3,115.	126,982.	8,768.
SVP/CFO until 12/6/22	(ii)	237,323.	31,523.	5,232.	14,945.	7,267.		20,458.
(8) Lisa Richards	(i)	69,866.	9,840.	239.	12,128.	6,042.	98,115.	0.
VP, People and Culture	(ii)	163,021.	22,961.	557.	28,298.	14,098.	228,935.	0.
(9) Todd Nelson	(i)	72,652.	7,470.	207.	4,936.	6,223.	91,488.	0.
Director, Partner Relationships	(ii)	169,521.	17,430.	483.	11,517.	14,520.	213,471.	0.
(10) Richard Schellenberg	(i)	68,549.	0.	379.	2,199.	7,640.	78,767.	0.
Account Executive	(ii)	159,947.	0.	885.	5,130.	17,827.		0.
(11) Rita Walker	(i)	65,034.	0.	85.	3,004.	9,527.	<u> </u>	0.
Director, Channel Assets	(ii)	151,747.	0.	199.	7,009.	22,229.	181,184.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 individuals received contributions to their supplemental
non-qualified retirement plan in 2022:
William Casey \$30,589
Joseph Fifer \$72,901
Rick L. Gundling \$36,265
Lisa Richards \$23,222

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Healthcare Financial Management
Association Educational Foundation

Employer identification number 36-2544491

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

others improve the business performance of organizations operating in

or serving the healthcare field.

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

The Board of Directors has delegated responsibility for governance's review of the Form 990 to the Secretary/Treasurer who serves as a member of the Board of Directors. Members of the Board of Directors are provided with copies of the returns prior to the returns being filed.

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

The Organization has a formal Board policy which directs the review and affirmation of the organization's Conflict of Interest policy and related guidelines. The policy is provided to board members annually.

Form 990, Part VI, Section B, Line 15:

The related organization, Healthcare Financial Management Association, uses an annual formal process for determining the annual compensation for the President/CEO and business executives. This process includes: use of independent outside business consultants; review and approval by a governing body or compensation committee; use and reference of compensation data for comparison of similar qualified professionals in functionally comparable positions at similarly situated organizations; contemporaneous documentation and recordkeeping with respect to deliberations and decision regarding the compensation arrangement.

Schedule O (Form 990) 2022 Page 2 Healthcare Financial Management Name of the organization **Employer identification number** Association Educational Foundation 36-2544491 Form 990, Part VI, Section C, Line 19: The organization's Governing Documents, Conflict of Interest Statement and Financial Statements are supplied to outside inquiries upon request. Form 990, Part VII, Section A: Reportable compensation in columns (D) and (E) is paid from a common paymaster, Healthcare Financial Management Association (EIN: 36-2318336). The compensation attributed to services for the filing organization is allocated to column (D).

SCHEDULE R (Form 990)

Part I

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.

1990, Part IV, line 33, 34, 35b, 36, or 37.

90.

Open to Public Inspection

(e)

End-of-year assets

(d)

Total income

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

of disregarded entity

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

Name of the organization	Healthcare Financial Management	Employer identification number
	Association Educational Foundation	36-2544491

(c)

Legal domicile (state or

foreign country)

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

(b)

Primary activity

Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.		T), Part IV, line 34, t	pecause it had one	T	mpt	
(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	(f) Direct controlling entity	(g) Section 512(b)(controlled entity?	
ealthcare Financial Management Association				501(c)(3))		Yes	No
- 36-2318336, 2001 Butterfield Rd., Suite	Professional Membership						
1500, Downers Grove, IL 60515	Organization	Illinois	501(c)(6)		N/A		Х
	_						
For Paperwork Reduction Act Notice, see the Instructio						(Form 99	<u> </u>

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

OMB No. 1545-0047

(f)

Direct controlling

entity

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.

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

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	Legal domicile (state or foreign	(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	ent	tion b)(13) rolled tity?
HFMA Learning Solutions, Inc 36-4239827		country)						Yes	No
2001 Butterfield Rd., Suite 1500									
Downers Grove, IL 60515	Education Media	IL	N/A	C CORP				Х	

Schedule R (Form 990) 2022

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х				
				1b		X				
c Gift, grant, or capital contribution from related organization(s)				1c		X				
				1d		X				
e Loans or loan guarantees by related organization(s)										
f Dividends from related organization(s)				1f		X				
				1g		X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х				
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X					
Sharing of paid employees with related organization(s)				10	X					
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of cash or property to related organization(s)				1r	X					
s Other transfer of cash or property from related organization(s)				1s		X				
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved						
Healthcare Financial Management										
(1) Association	M	4,107,487.	Accrual							
Healthcare Financial Management										
(2) Association	1b									
(3) HFMA Learning Solutions, Inc.	E	236,033.	Accrual							
(4)										
(5)										

Schedule R (Form 990) 2022

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

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

Healthcare Financial Management Association Educational Foundation 36-2544491 Page 5

Schedule R (Form 990) 2022 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. Part II Healthcare Financial Management Association is a related organization which is included in another group exemption with subordinate organizations. HFMA is affiliated with the Foundation through common membership of their respective Boards of Directors.

Schedule R (Form 990) 2022