| | Tax | payer Co | DDV | | | | TIN: 52-1563768 | | | | |
|--|--|---|--|--|----------------------------------|---|---|--|--|--|--|
| | | _ | | anization Exempt From | n Incom | ne Tax | OMB No. 1545-0047 | | | | |
| Form | | | | 947(a)(1) of the Internal Revenue Co | | | 3 2023 | | | | |
| Treasu | iry | of the | Do not enter socia | | | | | | | | |
| Interna Servic | | /enue | ► Go to <u>www.irs.go</u> | v/Form990 for instructions and the | e latest infor | mation. | Open to Public Inspection | | | | |
| | | | | | | | | | | | |
| | A For the 2023 calendar year, or tax year beginning 10-01-2023 , and ending 09-30-2024 B Check if applicable: C Name of organization C Name of | | | | | | | | | | |
| | | change | NATIONAL ASSOCIATION OF HEALTH | DATA ORGANIZATIONS | | 52-1563768 | | | | | |
| | me ch tial rei | - | Doing business as | | | _ | | | | | |
| O Fina | al retur | rn/terminated | | | | E Telephone nu | mber | | | | |
| _ | | d return ion pending | Number and street (or P.O. box if ma 965 E Center Street | il is not delivered to street address) Room/s | suite | (801) 532-2 | 2299 | | | | |
| | | | City or town, state or province, count | ry, and ZIP or foreign postal code | | | | | | | |
| | | | Provo, UT 84606 F Name and address of principal | officar | | G Gross receipt | | | | | |
| | | | Norm Thurston | oncer. | | his a group return ordinates? | for | | | | |
| | | | 965 E Center Street Provo, UT 84606 | | H(b) Are | all subordinates | | | | | |
| I Tax | -exen | mpt status: | ✓ 501(c)(3) □ 501(c) () ◀ (in | sert no.) 🗌 4947(a)(1) or 🗌 527 | If "I | No," attach a list. | See instructions. | | | | |
| JW | ebsit | te: 🕨 www | w.nahdo.org | | H(c) Gro | up exemption nun | nber 🕨 | | | | |
| K Forr | n of oi | rganization: | ✓ Corporation □ Trust □ Assoc | iation 🗍 Other 🕨 | L Year of for | mation: 1988 M S | State of legal domicile: UT | | | | |
| | | - | | | | | | | | | |
| Pa | art I 1 I | Sum Briefly des | mary cribe the organization's mission or | most significant activities: | | | | | | | |
| Ð | | | | LTH DATA AGENCIES BY DEVELOPING R TO BE IN A POSITION WHEN OPPORT | | | | | | | |
| anc | - | | | | | | | | | | |
| Governance | - | | _ | | | | | | | | |
| 60 | | | s box \blacktriangleright \Box if the organization disc of voting members of the governing | continued its operations or disposed of body (Part VI, line 1a) | more than 25 | % of its net asset | s. 3 17 | | | | |
| S & | | | | the governing body (Part VI, line 1b) | | | 4 17 | | | | |
| Activities | 5 | | | | | | | | | | |
| Acti | | | , | essary) | | ••• | 6 | | | | |
| | | | ated business revenue from Part | VIII, column (C), line 12 | | • | 7a 0 7b 0 | | | | |
| | | | | | P | rior Year | Current Year | | | | |
| 2 | 8 | Contribut | ions and grants (Part VIII, line 1h) | | | 14,056 | 27,000 | | | | |
| Revenue | | | service revenue (Part VIII, line 2g) | 567,132 | 604,758 | | | | | | |
| å | | | nt income (Part VIII, column (A), lii enue (Part VIII, column (A), lines 5 | | | 19,343 7,377 | 101 000 | | | | |
| | 12 | Total reve | | , 6d, 8c, 9c, 10c, and 11e) | | 121,082 | | | | | |
| | 4.0 | | | , 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) | | 607,908 | 121,082 7,377 760,217 | | | | |
| | | | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) | | 607,908 0 | 7,377 760,217 0 | | | | |
| | 14 | Benefits p | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co paid to or for members (Part IX, col | t equal Part VIII, column (A), line 12) olumn (A), lines 1–3) | | 607,908 0 0 | 7,377 760,217 0 0 | | | | |
| ISes | 14 15 | Benefits p Salaries, | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co paid to or for members (Part IX, col | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) Jumn (A), line 4) hefits (Part IX, column (A), lines 5–10) | | 607,908 0 | 7,377 760,217 0 | | | | |
| (penses | 14 15 16a | Benefits p Salaries, Professio | enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) | | 607,908 0 0 342,099 | 7,377 760,217 0 0 | | | | |
| Exp enses | 14 15 16a b 17 | Benefits p Salaries, Professio Total fundr Other exp | enue—add lines 8 through 11 (mus ad similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 | t equal Part VIII, column (A), line 12) Jumn (A), lines 1-3) | | 607,908 0 0 342,099 0 182,472 | 7,377 760,217 0 0 345,807 0 74,523 | | | | |
| Expenses | 14 15 16a b 17 18 | Benefits p Salaries, a Professio Total fundr Other exp Total exp | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa | t equal Part VIII, column (A), line 12) Jumn (A), lines 1-3) | | 607,908 0 0 342,099 0 182,472 524,571 | 7,377 760,217 0 0 345,807 0 74,523 420,330 | | | | |
| _ | 14 15 16a b 17 18 | Benefits p Salaries, a Professio Total fundr Other exp Total exp | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa | t equal Part VIII, column (A), line 12) Jumn (A), lines 1-3) | Beginnin | 607,908 0 0 342,099 0 182,472 | 7,377 760,217 0 0 345,807 0 74,523 | | | | |
| _ | 14 15 16a 17 18 19 | Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa less expenses. Subtract line 18 fro | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) an (A), line 11e) he 25) 19,664 1a–11d, 11f–24e) al Part IX, column (A), line 25) m line 12 | Beginnin | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year | | | | |
| _ | 14 15 16a 5 17 18 19 | Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa less expenses. Subtract line 18 fro | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) $19,664$ 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 | Beginnin | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 | | | | |
| Net Assets or Fund Balances | 14 15 16a 5 17 18 19 20 21 | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asse Total liabi | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa less expenses. Subtract line 18 fro | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) ▶19,664 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 | Beginnin | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year | | | | |
| Fund Balances | 14 15 16a b 17 18 19 20 21 23 rt II | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asse Total liabi Net asset | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa less expenses. Subtract line 18 fro ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block | t equal Part VIII, column (A), line 12) Jumn (A), lines 1-3) | | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Pand Balances | 14 15 16a b 17 18 19 20 21 23 rt II pena edge | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asse Total liabi Net asset Signa alties of pe | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co- baid to or for members (Part IX, col- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin- benses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examin | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) ▶19,664 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 | g schedules a | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Pad Balances | 14 15 16a b 17 18 19 20 21 23 rt II pena edge | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asse Total liabi Net asset Signa alties of pe | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co- baid to or for members (Part IX, col- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin- benses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examin | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) 19,664 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 1 from line 20 hed this return, including accompanyin | g schedules a ficer) is based | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Pand Balances | 14 15 16a b 17 18 19 20 21 23 rt - pena edge nowle | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asse Total liabi Net asset Signa alties of pe e and belie edge. | enue—add lines 8 through 11 (mus id similar amounts paid (Part IX, co- baid to or for members (Part IX, col- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lin- benses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examin | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) 19,664 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 1 from line 20 hed this return, including accompanyin | g schedules a | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Nound Balances | 14 15 16a b 17 18 19 20 21 23 ct - pena edge nowle | Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Total liabi Net asset Signa alties of pre e and belie edge. | enue—add lines 8 through 11 (mus ad similar amounts paid (Part IX, col- paid to or for members (Part IX, col- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), line penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examin f, it is true, correct, and complete. * ure of officer an Thurston Executive Director | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) 19,664 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 1 from line 20 hed this return, including accompanyin | g schedules a | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Palances Fund Balances Sign | 14 15 16a b 17 18 19 20 21 23 ct - pena edge nowle | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asset Total liabi Net asset Signa alties of pie edge. | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co- paid to or for members (Part IX, col- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), line penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examine f, it is true, correct, and complete. * ure of officer | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) hefits (Part IX, column (A), lines 5–10) hn (A), line 11e) he 25) 19,664 1a–11d, 11f–24e) hl Part IX, column (A), line 25) m line 12 1 from line 20 hed this return, including accompanyin | g schedules a ficer) is based | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information 2025-02-17 Date | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Palances Fund Balances Sign | 14 15 16a b 17 18 19 20 21 23 rt II - pena edge nowle | Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue Total asset Total liabi Net asset Signa Alties of po and belie edge. | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co- baid to or for members (Part IX, colu- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, colum (D), lines 1 enses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examin f, it is true, correct, and complete. * ure of officer in Thurston Executive Director r print name and title rint/Type preparer's name | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) umn (A), line 4) uefits (Part IX, column (A), lines 5–10) in (A), line 11e) ine 25) 19,664 1a–11d, 11f–24e) il Part IX, column (A), line 25) m line 12 if rom line 20 ined this return, including accompanyin Declaration of preparer (other than off | g schedules a ficer) is based | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information 2025-02-17 Date PTIN elf-employed | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Lend Balances And Balances Paic Prei | 14 15 16a 17 18 19 20 21 23 rt II pena edge nowle | Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Total liabi Net asset Signat alties of pu e and belie edge. Net asset Signat Net asset | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co- paid to or for members (Part IX, colu- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lines 1 enses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examine f, it is true, correct, and complete. * ure of officer in Thurston Executive Director r print name and title | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) umn (A), line 4) uefits (Part IX, column (A), lines 5–10) in (A), line 11e) ine 25) 19,664 1a–11d, 11f–24e) il Part IX, column (A), line 25) m line 12 if rom line 20 ined this return, including accompanyin Declaration of preparer (other than off | g schedules a ficer) is based | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information 2025-02-17 Date heck if PTIN | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
| Paic Paic | 14 15 16a 17 18 19 20 21 23 rt II pena edge nowle | Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Total liabi Net asset Signat alties of peie edge. Norma Type c | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co- baid to or for members (Part IX, colu- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, colum (D), lines 1 enses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examin f, it is true, correct, and complete. * ure of officer in Thurston Executive Director r print name and title rint/Type preparer's name | t equal Part VIII, column (A), line 12) Jumn (A), lines 1–3) umn (A), line 4) uefits (Part IX, column (A), lines 5–10) in (A), line 11e) ine 25) 19,664 1a–11d, 11f–24e) il Part IX, column (A), line 25) m line 12 if rom line 20 ined this return, including accompanyin Declaration of preparer (other than off | g schedules a Ficer) is based | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information 2025-02-17 Date PTIN elf-employed | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |
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| Linder Linder Linder Sign Here Under Linder Here Use | 14 15 16a b 17 18 19 20 21 23 21 23 ct II c and constant on owle | Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Total liabi Net asset Signat end belie edge. Norma Type c | enue—add lines 8 through 11 (mus d similar amounts paid (Part IX, co- paid to or for members (Part IX, colu- other compensation, employee ber nal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), lines 1 enses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa- less expenses. Subtract line 18 fro- ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 2 ature Block erjury, I declare that I have examine f, it is true, correct, and complete. * ure of officer in Thurston Executive Director r print name and title rint/Type preparer's name m's address ► | t equal Part VIII, column (A), line 12) Jumn (A), lines 1-3) umn (A), line 4) hefits (Part IX, column (A), lines 5-10) in (A), line 11e) ine 25) 19,664 1a-11d, 11f-24e) ine 12 in Part IX, column (A), line 25) m line 12 in from line 20 in Preparer's signature | g schedules a ficer) is based | 607,908 0 0 342,099 0 182,472 524,571 83,337 g of Current Year 1,229,568 406,370 823,198 nd statements, an on all information 2025-02-17 Date theck ☐ if elf-employed thone no. | 7,377 760,217 0 0 345,807 0 74,523 420,330 339,887 End of Year 1,381,457 520,343 861,114 | | | | |

| Cat. No. 11282Y | |
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| | |

| Form | 990 (2 | 2023) | | | | Page 2 |
|------|------------|--|----------------------|-----------------------------|--|-----------------------------|
| Pa | rt III | Statement of Program Ser | vice Accomplis | hments | | |
| | | Check if Schedule O contains a r | esponse or note to a | any line in this Part III | | 🗆 |
| 1 | Brief | y describe the organization's missi | on: | | | |
| | | | | | E WORKING RELATIONSHIPS WITH | |
| | | | | | | |
| 2 | | e organization undertake any sign | 1 5 | 5 , | hich were not listed on | |
| | | rior Form 990 or 990-EZ? | | | | 🗌 Yes 🗹 No |
| 2 | | s," describe these new services on | | | | |
| 3 | | e organization cease conducting, o | 5 | changes in now it condi | lcts, any program | 🗌 Yes 🔽 No |
| | | es? | | | | 🗆 Yes 🗳 No |
| | | s," describe these changes on Sch | | | | |
| 4 | Sectio | | zations are required | | largest program services, as measu of grants and allocations to others, a | |
| 4a | (Code | e:) (Expenses \$ | 264,711 | including grants of \$ |) (Revenue \$ | 248,665) |
| | | erences - NAHDO's educational programs By doing so, NAHDO increases the state | | er collaboration and the ex | change of ideas and practices among col | lectors and users of health |
| 4b | (Code | e:) (Expenses \$ | 356,093 | including grants of \$ |) (Revenue \$ | 264,711) |
| 10 | • | per Services - NAHDO provides technical | | | strategies to develop a comprehensive, | |
| 4c | (Code | e:) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 0.1 | | | | | |
| 4d | | r program services (Describe in So enses \$ | including grants of | . د |) (Revenue \$ |) |
| 4e | 、 1 | I program service expenses | 620,8 | • | |) |
| 76 | 100 | - program service expenses | 020,0 | | | |

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

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| | 550 | (2023) |

| Par | t 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 | | No | | | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | | | | | | |
| 24a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | | | | | | |
| b | 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 | | | | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots . | 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 | | No | | | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I | 25b | | No | | | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No | | | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III | 27 | | No | | | | |
| 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): | | | | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No | | | | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No | | | | |
| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No | | | | |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M . | 29 | | No | | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No | | | | |
| 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 | | No | | | | |
| 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 | | No | | | | |
| 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 | | No | | | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 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 | | No | | | | |
| 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 | Yes | | | | | |
| Par | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \Box | | | | |
| | | | Yes | No | | | | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W 2C included on line 1a. Enter 0, if not applicable | | | | | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | |
| Ľ | (gambling) winnings to prize winners? | 1c | | | | | | |
| | | F | orm 99 |) (2023 | | | | |

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|---------|--|-----|---------------|-----------------|
| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots . | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \ldots | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: • | 4a | | No |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| D | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| - | not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| ь 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | | | |
| а | 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.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | K 1 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| р 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess | 14b | | ļ |
| 13 | parachute payment(s) during the year? | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | No |
| | | F | orm 99 | 0 (2023) |

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|--------------|--|--------|---------|---------------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | | onse to | |
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 17 | | | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 17 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$ | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? $\$. | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt | | | |
| | status with respect to such arrangements? | 16b | | |
| - 3 e | | | | |

17 List the states with which a copy of this Form 990 is required to be filed

- Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 18
- □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: Norman Thurston 965 E Center Street Provo, UT 84606 (208) 312-2183 20

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|------------|---|---------------|
| 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 | . 🗆 |
| Sectior | n 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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| | or any related of | rganiza | tion c | comp | bens | ated a | any | current officer, director, or trustee. | | | |
|--|---|-----------------------------------|-----------------------|---------------------|-----------------------------|---------------------------------|----------------|--|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related | more pers | than on is | one botl ecto | not box h an or/tr | office | ess er) | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the organization and | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC/1099- NEC) | (W-2/1099- MISC/1099- NEC) | related organizations | |
| (1) Norm Thurston Executive Director | 40.00 | | | x | | | | 138,243 | 0 | 40,871 | |
| (2) Charles Hawley Director of Projects | 40.00 | | | | x | | | 113,497 | 0 | 9,816 | |
| (3) Kenley Money Chair | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (4) Kevin McAvey Vice Chairman | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (5) Paul McCormick Secretary | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (6) Tanya Bernstein Treasurer | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (7) Leanne Candura Member | 1.00 | х | | | | | | 0 | 0 | 0 | |
| (8) Joanna Duncan Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (9) Helen Figge Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (10) Sara Hallvik Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (11) Stefan Gildemeister Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (12) Kathy Hines Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (13) Chris Krawczyk Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (14) Katie Martin Member | 1.00 | х | | | | | | 0 | 0 | 0 | |
| (15) Patricia Merryweather-Arges Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (16) Kyra Morgan Member | 1.00 | x | | | | | | 0 | 0 | 0 | |
| (17) Kyle Russell Member | 1.00 | x | | | | | | 0 | 0 | 0 | |

| Part VII Section A. Officers, Directors | , Trustees, K | ey Em | ploy | ees | s, ar | nd Hig | ghe | st Compensated | Employees (cor | ntinued) | |
|---|---|-----------------------------------|-----------------------|---------|----------------------|--------------------------------------|--------|--|--|---|-------------------------------------|
| (A) Name and title | (B) Average hours per week (list any hours for related | pers | an or son is | bot | t ch σx,ι h ar | eck mo inless office ustee) | r | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F Estim amount comper from organiza | nated of other nsation the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC/1099- NEC) | MISC/1099- NEC) | organi: | ted |
| (18) Lee Spangler | | х | | | | | | 0 | C | | 0 |
| Member (19) Angela Taylor | | | | | | | | | | | |
| Member | | ^x | | | | | | 0 | C | | 0 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-Total . <t< td=""><td>•</td><td>· ·</td><td>I</td><td>1</td><td></td><td>* * *</td><td></td><td>251,740</td><td>0</td><td></td><td>50,687</td></t<> | • | · · | I | 1 | | * * * | | 251,740 | 0 | | 50,687 |
| 2 Total number of individuals (including but of reportable compensation from the organism) | not limited to | those li | sted | abov | /e) v | vho re | ceiv | | | | 50,007 |
| 3 Did the organization list any former offic | or director or t | ructoo | kov | | | o or h | high | ost componented or | | Yes | No |
| In the organization ist any former office office | such individual | | • | • | • | • | • | | •• 3 | • | No |
| organization and related organizations gr individual | | | | | | | | | 2 | | No |
| 5 Did any person listed on line 1a receive o services rendered to the organization?If " | | | | | | | | - | dual for | ; | No |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest of from the organization. Report compensat | compensated in | | | | | | | | | nsation | |
| Name and b | (A) Jusiness address | | | | | | | Descrip | (B) tion of services | | C) nsation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (ir compensation from the organization ▶ 0 | cluding but not | : limited | d to t | hose | e list | ed abo | ove) | who received more | e than \$100,000 o | f | |

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Statement of Revenue

 \Box

| | | Check if Sched | lule O contains | s a respo | nse or note to any l | ine in this Part VIII | | | 🗆 |
|--|-----|---|--------------------|-----------|----------------------|-----------------------------|--|--|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ທີ່ທ | 1 2 | Federated campaig | ane | 1a | | | Tevenue | | 512 514 |
| Contributions, gifts, grants, and other similar amounts | | | - | | | | | | |
| e n | E | b Membership dues | • • | 1b | | | | | |
| °, È | c | c Fundraising events | s | 1c | | | | | |
| r a | 6 | d Related organizati | ons | 1d | | | | | |
| B | | 2 | | | | | | | |
| sε | e | e Government grants (| contributions) | 1e | 27,000 | | | | |
| 2.8 | f | All other contribution | | | | | | | |
| ĘĘ | | and similar amounts above | not included | 1f | | | | | |
| - <u>5</u> -5 | ç | noncash contribution | s included in | | | | | | |
| τp | | lines 1a - 1f:\$ | | 1g | | | | | |
| မီလိ | ł | h Total. Add lines 1a | a-1f | | ► | 27,000 | | | |
| | 1 | | | | Business Code | 27,000 | | | |
| | | | | | Busilless Code | 122.125 | | | 122.125 |
| | 2a | Contract Revenue | | | | 122,135 | | | 122,135 |
| ae | | | | | | | | | |
| eur | b | Membership dues | | | | 233,958 | | | 233,958 |
| ev. | | | | | | | | | |
| 9 | c | Conference fees | | | | 248,665 | | | 248,665 |
| ųc. | | | | | | | | | |
| er. | | | | | | | | | |
| 5 | c | L | | | | | | | |
| rar | | | | | | | | | |
| Program Service Revenue | e | 3 | | | | | | | |
| ď. | | | | | | | | | |
| | f | f All other program | service revenu | ie. | | | | | |
| | g | J Total. Add lines 2 | 2a-2f | . ► | 604,758 | | I | | |
| | | Investment income | | | nterest and other | 1 | | | |
| | | similar amounts) | •••• | | | 33,79 | 8 33,798 | | |
| | | Income from invest | ment of tax-ex | kempt bo | ond proceeds | | | | |
| | | Royalties | | • | | ı | | | · |
| | 5 | | | ••• | 1 | | | | |
| | | | (i) R | kear | (ii) Personal | - | | | |
| | 67 | a Gross rents | 6a | | | | | | |
| | | | Va | | | - | | | |
| | b | Less: rental expenses | 6b | | | | | | |
| | | | 0.5 | | | - | | | |
| | С | Rental income or (loss) | 6c | | | | | | |
| | | . , | | | | | | | |
| | | d Net rental income | | | - | | | | |
| | | | (i) Sec | urities | (ii) Other | | | | |
| | 7a | a Gross amount | | | | | | | |
| | | from sales of assets other | 7a | 87,284 | ŀ | | | | |
| | | than inventory | | | | | | | |
| ň | b | Less: cost or | _ | | | | | | |
| e | - | other basis and | 7b | | | | | | |
| ev | | sales expenses | | | | - | | | |
| Ω. | ~ | Gain or (loss) | 7c | 87,284 | L | | | | |
| e | | | | | | | 4 | | |
| Other Revenue | | d Net gain or (loss) | | | · · · ► | 87,28 | 4 | | |
| 0 | 8a | Gross income from fu | | | | | | | |
| | | (not including \$ contributions reported | 0 1 on line 1c) | " | | | | | |
| | | See Part IV, line 18 | · · · · · | 0- | | | | | |
| | | | | 8a | | 4 | | | |
| | | b Less: direct expension | | 8b | | | | | |
| | • | c Net income or (los | s) from fundra | ising eve | ents 🕨 | | | | |
| | | | | | | | | | |
| | 9a | Gross income from | gaming activitie | es. | | | | | |
| | | See Part IV, line 19 | | 9a | | | | | |
| | | b Less: direct expension | ses | 9b | | | | | |
| | | c Net income or (los | | | es | 1 | | | |
| | | | -, | J | es 🕨 | 1 | | | · · · · · · · · · · · · · · · · · · · |
| | 10 | a Gross sales of inve | antory less | | | | | | |
| | 10 | returns and allowa | inces | 10a | | | | | |
| | | b i | | | | - | | | |
| | | b Less: cost of goods | s sold | 10b | | | | | |
| | _ | c Net income or (los | s) from sales o | of invent | ory 🕨 | | | | |
| | | | | | Business Code | | | | |
| | 11 | 1a miscellaneous rev | renue | ĺ | | 7,37 | 7 0 | | 7,377 |
| | | | | | | | | | |
| e | | | | | - | | | | |
| nu | | b | | T | | | | | |
| ve | | | | | | | | | |
| Other Revenue | | | | | | | | | |
| 1 | | с | | | | | | | |
| he | | | | | | | | | |
| đ | | d All other revenue | | | | | 1 | | <u> </u> |
| - | | | | Į | | 1 | | | |
| | | e Total. Add lines 1: | 1d-110 | • • | ••• | 7,37 | 7 | | |
| | 12 | 2 Total revenue. Se | ee instructions | | ⊾ | | | | |
| | | | | | - | 760,21 | 7 33,798 | C | 612,135 |

| Pa | art IX Statement of Functional Expenses | | | | |
|----|---|------------------------------|------------------------------------|---|---------------------------------------|
| | Section 501(c)(3) and 501(c)(4) organizations must of | complete all columns. | All other organizatio | ns must complete co | lumn (A). |
| | Check if Schedule O contains a response or note to a | ny line in this Part IX | | | 🗹 |
| | 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 | 0 | 0 | | |
| 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 | 138,243 | 62,209 | 69,122 | 6,912 |
| 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 | 115,822 | 67,883 | 42,750 | 5,189 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 51,222 | 28,797 | 20,760 | 1,665 |
| 9 | Other employee benefits | 15,285 | 8,924 | 5,889 | 472 |
| 10 | Payroll taxes | 25,235 | 14,250 | 9,963 | 1,022 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 5,086 | | 5,086 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 60,410 | 25,880 | 30,126 | 4,404 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 8,234 | 8,098 | 136 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 793 | | 793 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a | | | | |
| I | b | | | | |
| | c | | | | |
| | d | | | | |
| | e All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 420,330 | 216,041 | 184,625 | 19,664 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720). | | | | |
| | | | | | |

Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|-------------------------|-----|---|---------------------------------|-----|---------------------------|
| | 1 | Cash-non-interest-bearing | 149,969 | 1 | 125,76 |
| | 2 | Savings and temporary cash investments | 339,659 | 2 | 405,56 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 93,815 | 4 | 82,91 |
| | 5 | Loans and other receivables from any current or former officer, director, | , | - | , |
| | 5 | 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 | |
| 3 | 7 | Notes and loans receivable, net | | 7 | |
| clace | 8 | Inventories for sale or use | | 8 | |
| ñ. | 9 | Prepaid expenses and deferred charges | | 9 | |
| ~ | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities . | 646,125 | 11 | 767,20 |
| | 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 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1.229.568 | 16 | 1,381,4 |
| _ | 17 | Accounts payable and accrued expenses | 161,066 | 17 | 275,03 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 206,292 | 19 | 206,29 |
| | 20 | Tax-exempt bond liabilities | 200,202 | 20 | 200,20 |
| | | • | | - | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| LIADIIILIES | 22 | Loans and other payables to any current or former officer, director, trustee, k employee, creator or founder, substantial contributor, or 35% controlled entit or family member of any of these persons | y | 22 | |
| Ĵ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 39,012 | 24 | 39,0* |
| | 25 | Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | s, | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 406,370 | 26 | 520,34 |
| _ | | Organizations that follow FASB ASC 958, check here 🕨 🗹 and | | | |
| 5 | | complete lines 27, 28, 32, and 33. | | | |
| l d | 27 | Net assets without donor restrictions | 823,199 | 27 | 861,1 |
| D DG | 28 | Net assets with donor restrictions | | 28 | |
| Assets of Fund Balances | | Organizations that do not follow FASB ASC 958, check here \blacktriangleright \Box an complete lines 29 through 33. | d | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| els | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| 155 | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| H | 32 | Total net assets or fund balances | 823,199 | 32 | 861,11 |
| Net | 33 | Total liabilities and net assets/fund balances | 1,229,569 | 33 | 1,381,4 |

| Form | 990 (2023) | | | | Page 12 |
|---------|--|--------|----|-----|---------|
| Pai | t XI Reconcilliation 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 | | | 760,217 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 420,330 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 339,887 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 823,199 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | | 861,11 |
| Pa | TXII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | · · · · · | | | Yes | No |
| 1 2a | Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | |
| 20 | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: | on a | 20 | 105 | |
| | □ Separate basis □ Consolidated basis □ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: | basis, | 2b | | No |
| | □ Separate basis □ Consolidated basis □ 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 | Yes | I |
|----|---|----|-----|---|
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform | - | | |
| | Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | L |

| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | |
|---|---|----|
| | audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b |

No

| | Тахр | ayer Copy | | | | | | | TIN: 52-1563768 |
|----------------|----------------------|------------------------------|------------------------------|--------------------------------------|---|------------------------------------|-------------------------------------|---|---|
| 60 | | ULE A | | | | | | | OMB No. 1545-0047 |
| | те D rm 99 | - | | | Charity Statu | | | | 2022 |
| (1 01 | 111 93 | ,0) | Con | plete if the o | rganization is a sect 4947(a)(1) nonexe | | | a section | 2023 |
| Depai Treas | rtment o | of the | | | Attach to Form | 990 or Form 99 | 90-EZ. | | Open to Public |
| | | enue Service | | Go to <u>www.irs</u> | <u>s.gov/Form990</u> for i | nstructions and | d the latest info | ormation. | Inspection |
| | | he organizat | | | | | | Employer identif | cation number |
| NATIC | NAL AS | SOCIATION OF | HEALTH DATA | ORGANIZATIONS | | | | 52-1563768 | |
| Pa | rt I | Reason | or Public | Charity Stat | us (All organization | s must comple | ete this part.) S | | |
| The c | organiz | | | | e it is: (For lines 1 thro | | | | |
| 1 | | A church, c | onvention of | churches, or as | ssociation of churches | described in sec | tion 170(b)(1) | (A)(i). | |
| 2 | | A school de | scribed in se | ction 170(b)(| (1)(A)(ii). (Attach Scl | nedule E (Form 9 | 990).) | | |
| 3 | | A hospital c | r a cooperat | ive hospital ser | vice organization desc | ribed in section | 170(b)(1)(A)(| iii). | |
| 4 | | A medical r name, city, | | nization operat | ed in conjunction with | a hospital descr | ibed in section | 170(b)(1)(A)(iii). | Enter the hospital's |
| 5 | | | | d for the benefi mplete Part II.) | it of a college or unive) | rsity owned or o | perated by a gov | ernmental unit desc | ribed in section |
| 6 | | A federal, s | tate, or local | government or | r governmental unit de | escribed in secti | on 170(b)(1)(A | (v). | |
| 7 | | section 17 | 0(b)(1)(A) | (vi). (Complete | e Part II.) | | - | nit or from the gene | ral public described in |
| 8 | | | , | | n 170(b)(1)(A)(vi). | | , | | |
| 9 | | non-land gr | ant college c | f agriculture. S | ee instructions. Enter | the name, city, a | and state of the o | college or university: | |
| 10 | | from activit investment | ies related to income and | its exempt fur unrelated busin | : (1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III.) | tain exceptions, | and (2) no more | than 33 1/3% of its | |
| 11 | | An organiza | tion organize | ed and operated | d exclusively to test fo | r public safety. S | See section 509 | (a)(4). | |
| 12 | | more public | ly supported | organizations | | 509(a)(1) or se | ction 509(a)(2 |). See section 509 | he purposes of one or (a)(3). Check the box |
| а | | organizatio | n(s) the pow | | appoint or elect a majo | | | | y giving the supported anization. You must |
| b | | manageme | nt of the sup | | pervised or controlled i ation vested in the sar and C. | | | | |
| с | | | | | supporting organizatio ions). You must com | | | | ated with, its |
| d | | Type III n functionally | on-function integrated. | ally integrate The organizatio | , | ization operated fy a distribution | in connection wi requirement and | th its supported orga | anization(s) that is not quirement (see |
| е | | Check this l | box if the org | anization recei | ved a written determin integrated supporting | nation from the I | | ре I, Туре II, Туре I | II functionally |
| f | Enter | - | | , | | - | | | 0 |
| g | Provi | de the follow | ing informati | on about the su | upported organization(| (s). | | - | |
| | (i) N | lame of supp organization | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| Tota | 1 | | | | | | | | |

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

Cat. No. 11285F

Schedule A (Form 990) 2023

| Sch | edule A (Form 990) 2023 | | | | | | Page 2 |
|-----|---|--------------------------|---------------------|-----------------------|----------------------|--------------------|-----------------|
| P | Part II Support Schedule for (Complete only if you ch | ecked the box of | on line 5, 7, or | 8 of Part I or if | the organization | failed to qualify | |
| _ | If the organization failed | to qualify unde | er the tests liste | ed below, please | e complete Part I. | 11.) | |
| | Section A. Public Support | | | | | | 1 |
| | r fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grant.") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | · |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | 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. | | | | | | <u> </u> |
| | Section B. Total Support | | | | | T | 1 |
| | lendar year r fiscal year beginning in) 🕨 | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4. | | | | | | |
| 8 | 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 | | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.). | | | | - | | - |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Construction to for an analytical solution in the | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for t | he organization's | first, second, thir | d, fourth, or fifth i | tax vear as a sectio | on 501(c)(3) orga | nization, check |
| | this box and stop here | - | | | | | |
| 5 | Section C. Computation of Publi | | | | | | |
| 14 | | | | column (f)). | | 14 | |
| | Public support percentage for 2022 Sc | | | | | 15 | |
| | 33 1/3% support test—2023. If the | | | | | | box |
| -00 | and stop here. The organization qual | | | | | | _ |
| | 33 1/3% support test-2022. If the | | | | | | |
| L | box and stop here. The organization | | | | | | |
| 17. | a 10%-facts-and-circumstances test | -2023 . If the or | manization did no | t check a hox on l | ine 13 16a or 16h | | 0% or more |
| 176 | and if the organization meets the "fact | ts-and-circumstan | ces" test, check t | his box and stop | here. Explain in Pa | art VI how the org | anization |
| | meets the "facts-and-circumstances" t | est. The organizat | tion qualifies as a | publicly supporte | d organization . | | ► 🗆 |
| Ŀ | 10%-facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets t | | | | | | |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as | a publicly support | ed organization | | ► 🗆 |
| 18 | Private foundation. If the organizati | on did not check a | a box on line 13, | 16a, 16b, 17a, or | 17b, check this box | x and see | |
| _ | instructions | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> | 🕨 🗆 |
| | | | | | | Schedule A (| Form 990) 2023 |

Part III

I 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.)

Section A. Public Support Calendar year (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and 1 20,653 78,215 86,205 13,500 2,700 membership fees received. (Do not 201,273 include any "unusual grants.") . Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in 700,463 528,446 482,564 594,408 654,866 2,960,747 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that 3 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 5 721,116 606,661 568,769 607,908 657,566 3,162,020 Amounts included on lines 1, 2, and 7a 0 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified 0 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. **c** Add lines 7a and 7b. 0 8 Public support. (Subtract line 7c 3,162,020 from line 6. Section B. Total Support Calendar year (e) 2023 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total (or fiscal year beginning in) 606,661 721,116 568,769 607,908 657.566 3,162,020 9 Amounts from line 6. . Gross income from interest, 10a dividends, payments received on 0 securities loans, rents, royalties and income from similar sources. Unrelated business taxable income b (less section 511 taxes) from 0 businesses acquired after June 30, 1975. Add lines 10a and 10b. 0 С 11 Net income from unrelated business activities not included on line 10b, 5,996 5,996 whether or not the business is regularly carried on. Other income. Do not include gain 12 0 or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 13 727.112 606,663 568,769 607,908 657,566 3,168,016 11, and 12.). First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check 14 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) 15 15 99.810 % Public support percentage from 2022 Schedule A, Part III, line 15...... 98.220 % 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f)) 0 % 17 17 18 18 0.020 % 19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 🗹 **b** 33 1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 🗌 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . Schedule A (Form 990) 2023

| Part IV | Supporting Organizations | |
|---------|--------------------------|--|
| | | |

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

Section A. All Supporting Organizations Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 2 509(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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3a 3c helow. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied b the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. Зc Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you 4a checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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. **4c** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b 5a 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 5a 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? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) . 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting b organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9с Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below. 10a

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).

Schedule A (Form 990) 2023

No

| Pa | t 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 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI . | 11c | | |
| Se | ection B. Type I Supporting Organizations | | | <u> </u> |

Yes No 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 2 operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting 2 organization. Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 | | |

Section 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 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 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 in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times | | | |
| | during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |

Section 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 instructions):
 - a 🖳 The organization satisfied the Activities Test. Complete line 2 below.
 - **b** \cap The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify 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 that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a 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**.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes

No

| | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiz | | | |
|---|--|----|----------------|--------------------------------|
| | Section 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 | | |
| | Section 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): | 1 | | |
| 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 | | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 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 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 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 | | |

Schedule A (Form 990) 2023

| Part V Type III Non-Functionally Integrated | 509(a)(3) Supporting | Organizatio | ns (| continue | d) |
|--|-----------------------------|-------------|------------------------------------|----------|---|
| Section D - Distributions | | | | | Current Year |
| 1 Amounts paid to supported organizations to accomplish exempt purposes | | | 1 | | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | | | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | 3 | | |
| 4 Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | | | 5 | | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions | | | 6 | | |
| 7 Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | | | 8 | | |
| 9 Distributable amount for 2023 from Section C, line 6 | | | 9 | | |
| 10 Line 8 amount divided by Line 9 amount | | | 10 | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdis | (ii) rdistributions Pre-2023 | | (iii) Distributable Amount for 2023 |
| 1 Distributable amount for 2023 from Section C, line 6 | | | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. | | | | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | | |
| a From 2018 | | | | | |
| b From 2019 | | | | | |
| c From 2020 | | | | | |
| e From 2022. | | | | | |
| f Total of lines 3a through e | | | | | |
| g Applied to underdistributions of prior years | | | | | |
| h Applied to 2023 distributable amount | | | | | |
| Carryover from 2018 not applied (see instructions) | | | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 Distributions for 2023 from Section D, line 7: | | | | | |
| \$ | | | | | |
| a Applied to underdistributions of prior years | | | | | |
| b Applied to 2023 distributable amount | | | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. | | | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | | | |
| 8 Breakdown of line 7: | | | | | |
| a Excess from 2019 | | | | | |
| b Excess from 2020 | | | | | |
| c Excess from 2021. . . d Excess from 2022. . . . | | | | | |
| d Excess from 2022 | | | | | |
| | | | | | |

Schedule A (Form 990) (2023)

Part VI 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. (See instructions).

Facts And Circumstances Test

| | Schedule A (Form 990) 2023 |
|------------------|----------------------------|
| Return Reference | Explanation |

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS

| Return Reference | Explanation |
|----------------------|---|
| Part IX, Line 11g | Form 990, Part IX, Line 11g - Other fees for Services Tot/Prog Service Mgt & General Fundraising Other fees: \$25,880, \$30,126, \$4,404 |
| Part VI, Line 11b | Form 990, Part VI, Line 11b - Organization's Process to Review Form 990, A draft copy of the Form 990 is provided to the board and the executive director for review and approval prior to filing. |
| Part VI, Line 12c | Form 990, Live VI, Line 12c - Enforcement of Conflicts Policy, The organization's conflict of interest policy is reviewed annually. All potential conflicts of interest are brought to the attention of the executive director throughout the year. |
| Part VI, Line 15a | Form 990, Part VI, Line 15a - Compensation Process for Top Official, Determined by market comparability data for similar positions and approved annually by the board. |
| Part VI, Line 15b | Form 990, Part VI, Line 15b - Compensation Process for Officers, All other employee compensation is recommended by executive director and approved by the board |
| Part VI, Line 19 | Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation, Such documents are available upon request just as Forms 990. |
| Part VI, Line 6 | Form 990, Part VI, Line 6 - Classes of Members or Stockholders, NAHDO is a membership organization with five member classifications of members: public, health care associations, corporate/vendor, data providers, and general |
| Part VI, Line 7a | Form 990, Part VI, Line 7a - Election of Members and Their Rights, NAHDO is a membership organization with each member entitled to vote during the election of board members. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2023

TIN: 52-1563768 OMB No. 1545-0047

Open to Public Inspection

23

20

Employer identification number

52-1563768