Taxpayer Copy TIN: 52-1563768

Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public

Service								
A For the	e 2021 ca	lendar year, or tax year begin	ning 10-01-2021 , and ending	g 09-30-2	2022			
B Check if ap		C Name of organization NATIONAL ASSOCIATION OF HEALTH	DATA ORGANIZATIONS			D Employe	r identif	ication number
☐ Address of ☐ Name cha	-					52-1563	768	
☐ Initial ret	_	Doing business as						
O Final return						E Telephone	e number	
AmendedApplication		Number and street (or P.O. box if ma 965 E Center Street	il is not delivered to street address) F	Room/suite		•		
- Applicatio	on penuing		try, and 7ID or foreign postal and			(801) 53	12-2299	
		City or town, state or province, coun Provo, UT 84606	u y, and Zir of foreign postal code			G Gross red	eipts \$ 42	25,171
		F Name and address of principal	officer:		I(a) Is this			-5/1/1
		Norman Thurston 965 E Center Street		-		dinates?	uiii ioi	□Yes ✓No
		Provo, UT 84606		F	H(b) Are all	subordinate	es	☐ Yes ☐No
I Tax-exem	npt status:	✓ 501(c)(3)	nsert no.) 4947(a)(1) or	527	include	ed? ," attach a li	st See i	
J Websit	te:▶ ww\	v.nahdo.org	13 17 (4)(1) 61		H(c) Group			
K Form of or	rganization:	✓ Corporation ☐ Trust ☐ Assoc	iation Other ►	L	Year of forma	tion: 2000	M State	of legal domicile: UT
		· 						
Part I	Sumi	.	most significant activities					
Δ		cribe the organization's mission or ship and educational association d		data_colle	ection and u	se		
E -								
2 8	Check this	s box $ ightharpoonup \square$ if the organization dis	continued its operations or dispos	ed of more	e than 25%	of its net as	ssets.	
3		f voting members of the governing				2to net as	3	15
Activities & Governance	Number o	f independent voting members of	the governing body (Part VI, line	1b)			4	15
€ 5	Total num	ber of individuals employed in cal-	endar year 2021 (Part V, line 2a)			•	5	2
<u>⋛</u> 6	Total num	ber of volunteers (estimate if nec	essary)				6	15
₹ 7a	Total unre	elated business revenue from Part	VIII, column (C), line 12				7a	0
b	Net unrela	ated business taxable income from	Form 990-T, Part I, line 11 .				7b	0
					Pric	r Year		Current Year
9 8	Contribut	ions and grants (Part VIII, line 1h)		•		78,2	15	88,854
enue 9	Program s	service revenue (Part VIII, line 2g)				504,1	42	460,078
		nt income (Part VIII, column (A), li	•			21,3	_	-3,710
		enue (Part VIII, column (A), lines 5					03	162
		nue—add lines 8 through 11 (mus		12)		604,1		545,384
		d similar amounts paid (Part IX, co					0	0
	-	paid to or for members (Part IX, co	• • • •			227.5	0	0
SS 15	•	other compensation, employee be	, , , , , , , , , , , , , , , , , , , ,	o-10)		337,5		325,453
ক		nal fundraising fees (Part IX, colun		•			0	0
중		aising expenses (Part IX, column (D), li	·	_		01.1	00	124.015
_ 17	-	penses (Part IX, column (A), lines i	•			91,1		134,915
	-	enses. Add lines 13-17 (must equi				428,6		460,368
	kevenue	ess expenses. Subtract line 18 fro	minile 12	•	Reginning	175,4 of Current Ye		85,016 End of Year
Net Assets or Fund Balances 21					Deginning (Current fe		Life of Teaf
ese 20	Total asse	ets (Part X, line 16)				1,095,4	58	1,117,036
절 21	Total liabi	lities (Part X, line 26)				284,2	29	309,418
ŽĪ 22	Net asset	s or fund balances. Subtract line 2	1 from line 20			811,2	29	807,618
Part II		ature Block						
		erjury, I declare that I have exami f, it is true, correct, and complete.						
any knowle		,o a. ao, correct, and complete.	(other th	Since	, 54564 01			p. eparer nus
***						3-02-10		
Sign	Signat	ure of officer			Dat	e		
Here		n Thurston Executive Director						
	<u> </u>	r print name and title	To the state of th	т.	1	ı.		
	Pi	int/Type preparer's name	Preparer's signature	Date	Chec	ck 🗆 if P	TIN	
		rm's name				employed		
	71	im a name 📂				I D LTIN 🛌		
use Un	iiy Fi	rm's address 🕨			Pho	ne no.		
Paid Prepare Use Onl	er ^{Fi}	rm's name			Chec self- Firm	employed	□ Y	'e:

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Pa	rt III Statemer	nt of Program Service	Accomplish	nments		
	Check if Sci	hedule O contains a respor	se or note to a	ny line in this Part III .		🗆
1	Briefly describe the	e organization's mission:				
A me	mbership and educa	ational association dedicate	d to improving	health care data collec	tion and use.	
2	Did the organization	on undertake any significar	t program serv	ices during the year wh	nich were not listed on	
	the prior Form 990	or 990-EZ?				🗆 Yes 🗸 No
	If "Yes," describe t	hese new services on Sche	dule O.			
3	Did the organization	on cease conducting, or ma	ke significant c	hanges in how it condu	icts, any program	
	services?					🗌 Yes 🔽 No
	If "Yes," describe t	hese changes on Schedule	Ο.			
4	Section $501(c)(3)$		s are required		largest program services, as meas f grants and allocations to others,	
4a	(Code:) (Expenses \$	249.293	including grants of \$) (Revenue \$	104,685)
	Conferences - NAHD	, , ,	e as forum to fost		change of ideas and practices among co	• •
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$	355,393)
	Member Services - N systems.	NAHDO provides technical assist	tance and informa	ition on current issues and	strategies to develop a comprehensive,	integrated health information
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedu	le O.)			
	(Expenses \$	inclu	uding grants of	\$) (Revenue \$)
4e	Total program s	ervice expenses 🕨	249,2	93		
		<u> </u>				Form 990 (2021)

	230 (1011)			raye
Pai	rt IV Checklist of Required Schedules		Yes	N.
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	No
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? <i>If "Yes,"</i> 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, VIII, 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
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
С	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	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)? <i>If "Yes," complete Schedule D, Part X</i>	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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? If "Yes," complete Schedule F, Parts III and IV	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? <i>If "Yes," complete Schedule G, Part I.</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,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

No

20b

21

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Part IV	Checklist of Required Schedules (continued)	
Part IV	Checklist of Required Schedules (continued)	

			Yes	No		
	old the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
С	old the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's urrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No		
tl	oid 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No		
b D	old the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	oid the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?	24c				
d D	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No		
tl	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No		
0	Oid 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 nember of any of these persons? If "Yes," complete Schedule L, Part II	26		No		
e 3						
	Vas the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV nstructions for applicable filing thresholds, conditions, and exceptions):					
	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"	20-		N.		
b A	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		No		
	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete			No No		
	Schedule L, Part IV	28c		No		
30 D	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		No		
	ontributions? If "Yes," complete Schedule M	30				
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		No		
S	Schedule N, Part II	32		No		
3	old the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No		
	Vas 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 D	old the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
	f '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				
	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		No		
37 D	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 D	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. Ill Form 990 filers are required to complete Schedule O	38	Yes			
Part \						
	Check if Schedule O contains a response or note to any line in this Part V	. :	Ves	<u> </u>		
1a F	inter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		Yes	No		
	inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0					
c D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	1c				
			orm 99	0 (202:		

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (co	ntinu	ied)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2)		
b	If at least one is reported on line 2a, did the organization file all required federal employ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. S			2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the	year	?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	in Sch	nedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth If "Yes," enter the name of the foreign country:	er fina	ancial account)?	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and					
	Was the organization a party to a prohibited tax shelter transaction at any time during the		•	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax			5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than $$100,00$ solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that su	•		6a		No
b	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 a provided to the payor?	nd par	rtly for goods and services	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided by the services provided			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property form 8282?		ch it was required to file	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a person	onal be	enefit contract?	7e		
f	$ \ \text{Did the organization, during the year, pay premiums, directly or indirectly, on a personal } \\$	benef	fit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organ required? \cdot			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised f	und m	vaintained by the			
Ü	sponsoring organizations maintaining donor advised ratios. Did a donor advised ratios sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966? .			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related Section 501(c)(7) organizations. Enter:	perso	on?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a	İ			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 in I	lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
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 Sci		e O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year			14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 parachute payment(s) during the year?	000 in •	remuneration or excess	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on n If "Yes," complete Form 4720, Schedule O.	et inve	estment income?	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine ope that would result in the imposition of an excise tax under sextion 4951, 4952, or 4953? If "Yes," complete Form 6069.		engage in any activities	17		No
						n (2021

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to ines 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 **V** Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 15 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 15 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? No Did the organization delegate control over management duties customarily performed by or under the direct supervision No of officers, directors or trustees, or key employees to a management company or other person? $\ \, \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \, \, \textbf{.}$ 4 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No Did the organization have members or stockholders? 6 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Yes No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Yes 13 Yes 13 Did the organization have a written document retention and destruction policy? 14 Yes 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official . 15a Yes 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 16a No 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 16b Section C. Disclosure 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. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19

- 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.
- 20 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 (801) 532-2299

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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 no (A)	(B)	34111241		(C)		Jacou	y	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	more pers	ition than on is	(do one both ecto	not box h ar	office	ess er)	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	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)	MISC/1099- NEC)	related organizations
(1) Norman Thurston Executive Director	40.00			х				141,674	0	34,197
(2) Charles Hawley Director of Projects	40.00					х		109,581	0	12,163
(3) Tanya Bernstein Member	1.00	Х						0	0	0
(4) Janice Bourgault	1.00	Х						0	0	0
Members (5) Leanne Candura	0.00 1.00									
Member (6) Helen Fings	0.00	Х						0	0	C
(6) Helen Figge Member	0.00	Х						0	0	C
(7) Stefan Gildemeister Member	0.00	x						0	0	C
(8) Karynlee Harrington Chair	1.00	Х						0	0	0
(9) Nikole Helvey Member	0.00	х						0	0	0
(10) Kathy Hines Member	1.00	Х						0	0	C
(11) Starla Ledbetter Treasurer	0.00	Х						0	0	0
(12) Carl Letamendi Member	1.00							0	0	C
(13) Kevin McAvey Vice Chairman	1.00	Х						0	0	C
(14) Kenley Money	1.00							0	0	C
(15) Patricia Merryweather-Arges	1.00	X						0	0	C
Member (16) Kyle Russell	0.00 1.00									
Member (17) Srinivas Sridhara	0.00	Х						0	0	C
Member	0.00	Х						0	0	C

Form **990** (2021)

Form 990 (2021) Page **8** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) Name and title (B) Average (**D**) Reportable **(E)** Reportable (C)
Position (do not check more **(F)** Estimated than one box, unless person is both an officer and a compensation compensation hours per amount of other from related organizations (Wcompensation from the week (list from the organization (Wany hours for director/trustee) 2/1099-MISC/1099-NEC) 2/1099-MISC/1099-NEC) organization and related related Former Officer Highest compensated employee Individual trustee or director organizations Institutional below dotted line) organizations employee Trustee 1b ► Sub-Total . Total from continuation sheets to Part VII, Section A . \blacktriangleright 251,255 46,360 d Total (add lines 1b and 1c) . \blacktriangleright Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 2 2 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for sindividual	such		
	Individual		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received mor from the organization. Report compensation for the calendar year ending with or within the organ		npens	sation
	(A) Name and business address	(B) Description of services		(C) Compensation

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

Form **990** (2021)

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) (A) Revenue excluded from Total revenue exempt business tax under sections 512 - 514 function revenue revenue 1a Federated campaigns . 1a and Other Similar Amounts Contributions, Gifts, Grants **b** Membership dues . . 1b **c** Fundraising events . . **1c** d Related organizations 1d e Government grants (contributions) 1e 86,205 **f** All other contributions, gifts, grants, and similar amounts not included above 1f 2,649 **g** Noncash contributions included in lines 1a - 1f:\$ **1**g **h Total.** Add lines 1a-1f 88,854 **Business Code** 153,39 153,392 2a Contract revenue Program Service Revenue 202,001 202,001 **b** Membership dues 104,685 104,685 Conference fees **f** All other program service revenue. **9 Total.** Add lines 2a−2f. ▶ 460,078 3 Investment income (including dividends, interest, and other 19,675 19,675 similar amounts) . 4 Income from investment of tax-exempt bond proceeds **5** Royalties . . . ۰ (ii) Personal (i) Real 6a Gross rents 6a **b** Less: rental expenses 6b Rental income 6с or (loss) **d** Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount 7a -96,828 from sales of assets other than inventory Less: cost or 7b -120,213 other basis and sales expenses **7**c 23,385 c Gain or (loss) -23,385 -23,385 **d** Net gain or (loss) . 8a Gross income from fundraising events Other Revenue (not including \$ contributions reported on line 1c). See Part IV, line 18 . . . 8a 8b **b** Less: direct expenses . . c Net income or (loss) from fundraising events . **9a** Gross income from gaming activities. See Part IV, line 19 . . . 9a **b** Less: direct expenses . . . 9b c Net income or (loss) from gaming activities . **10a**Gross sales of inventory, less returns and allowances . 10a **b** Less: cost of goods sold . . 10b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a_{misc} 162 162 b d All other revenue e Total. Add lines 11a-11d . 162 **12 Total revenue.** See instructions 545,384 -3,710 460,240

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to 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				
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	141,674	63,753	70,837	7,084
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	109,582	64,222	40,443	4,917
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,184	24,278	17,502	1,404
9	Other employee benefits	10,025	5,853	3,863	309
10	Payroll taxes	20,988	11,851	8,286	851
11	Fees for services (non-employees):				
ā	a Management				
ı	b Legal				_
	Accounting	8,554		8,554	_
	d Lobbying				_
•	Professional fundraising services. See Part IV, line 17				_
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,435	30,175	35,127	5,133
12	Advertising and promotion				
13	Office expenses	861	847	14	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,093		1,869	3,224
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	49,359	48,314	1,045	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	613		613	
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.)				
	а				
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	460,368	249,293	188,153	22,922
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).		_		

Form 990 (2021) Page **11**

Part X Balance Sheet

1 0	ai t 🔨	Dalance Sheet				
		Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		231,608	1	149,954
	2	Savings and temporary cash investments		171,551	2	232,283
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		82,086	4	138,215
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contributor, or 35%		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), and persons described in section	rsons (as defined under		6	
10	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges			9	
٩	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities .		610,213	11	596,584
	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)	1,095,458	16	1,117,036
	17	Accounts payable and accrued expenses		71,349	17	59,883
	18	Grants payable			18	
	19	Deferred revenue		150,326	19	248,025
	20	Tax-exempt bond liabilities			20	
60	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officemployee, creator or founder, substantial contributor, or family member of any of these persons			22	
Ξ	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third	· —	62,554	24	1,510
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25		284,229	26	309,418
nces		Organizations that follow FASB ASC 958, check h complete lines 27, 28, 32, and 33.	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions		811,229	27	807,618
d B	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC 958, complete lines 29 through 33. Capital stock or trust principal, or current funds	theck here ▶ □ and		29	
ts	30	Paid-in or capital surplus, or land, building or equipment	nt fund		30	
se	31	Retained earnings, endowment, accumulated income,	<u> </u>		31	
As	32	Total net assets or fund balances		811,229	32	807,618
Net	33	Total liabilities and net assets/fund balances		1,095,458	33	1,117,036
_				//		, ,

Form **990** (2021)

Pa	rt 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			545,384
2	Total expenses (must equal Part IX, column (A), line 25)	2			460,368
3	Revenue less expenses. Subtract line 2 from line 1	3			85,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			811,229
5	Net unrealized gains (losses) on investments	5			-96,828
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			807,618
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	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,			
	☐ 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	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	iired	3b		
			F	orm 99	0 (2021)

Taxpayer Copy

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Department of the Treasury Name Brtheofganization OMB No. 1545-0047

Employer identification number

TIN: 52-1563768

Open to Public Inspection

NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS 52-1563768									
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The o	rganiz	ation is not a private four	ndation because	e it is: (For lines 1 thro	ugh 12, check o	nly one box.)			
1		A church, convention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).		
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)			
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).		
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). Er	nter the hospital's	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).		
7		An organization that no section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	I public described in	
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9		An agricultural research non-land grant college of						ege or university or a	
10	~	An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions, a	and (2) no more	than 33 1/3% of its su	pport from gross	
11		An organization organiz			r public safety. S	ee section 509	(a)(4).		
12		An organization organiz more publicly supported in lines 12a through 12d	l organizations (described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo					
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar					
С		Type III functionally supported organization(ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and			
е		Check this box if the org				RS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	integrated, or Type III r the number of supported	,	3 11 3	3		0		
g		de the following informat							
	(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of other support other support of				(vi) Amount of other support (see instructions)				
					Yes	No			
Tota	<u> </u>	0					0	0	
1010		0					U	V	

Schedule A (Form 990 or 990-EZ) 2021

	(Complete only if you ch						qualify	under Part III.
	If the organization failed	to qualify unde	er the tests list	ed below, pleas	se complete Part	111.)		
	ection A. Public Support	T	·					_
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1	(f) Total
	fiscal year beginning in) F Gifts, grants, contributions, and	` '		1				
1	membership fees received. (Do not							
	include any "unusual grant.")							
	Tax revenues levied for the							
-	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
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.							
	ection B. Total Support endar year		1			1		
	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(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	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		1
	First 5 years. If the Form 990 is for the						2) 05005	nization chack
13		-			•		, -	iization, thetk
	this box and stop here					🟲	<i>•</i> U	
	ection C. Computation of Public							
	Public support percentage for 2021 (lir					14		
15	Public support percentage for 2020 Sci	hedule A, Part II,	line 14			15		
16a	33 1/3% support test—2021. If the	organization did i	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, che	eck this	box
	and stop here. The organization quali							
b								
	box and stop here. The organization							_
4	10%-facts-and-circumstances test	- qualifies as a pui	aanization did n	ot chack a hav ar		 6b. and line	14	🕶 🔾
17a	is 10% or more, and if the organization	.— 2021. If the or	ganization did n s-and-circumsta	of clieck a box of	this boy and ston	bora Evola	in in	
	in Part VI how the organization meets							
	-			_		,		• 🗆
_	organization							🟲 🗆
b	10%-facts-and-circumstances tes						ia iine	
	15 is 10% or more, and if the organiz Explain in Part VI how the organization						cly	
	•				•	•	•	. O
	supported organization							▶□
18	Private foundation. If the organization	on ala not check i	a box on line 13,	16a, 16b, 1/a, c	or 1/b, check this b	ox and see		. —
	instructions							> []

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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

Se	ection A. Public Support							
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
(or	fiscal year beginning in) Gifts, grants, contributions, and							
-	membership fees received. (Do not	49,178	69,257	20,653	78,215		86,205	303,508
	include any "unusual grants.") .							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished in	375,892	537,282	700,463	528,446		482,564	2,624,647
	any activity that is related to the	3,3,032	337,232	, 00, 100	323/110		.02,00 .	2/02 1/0 17
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	425,070	606,539	721,116	606,661		568,769	2,928,155
7a	Amounts included on lines 1, 2, and							0
_	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of	13,713	48,851					62,564
	\$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b	13,713	48,851					62,564
8	Public support. (Subtract line 7c from line 6.)							2,865,591
Se	ection B. Total Support	l .	l .		L	ı		<u> </u>
	endar year	(a) 2017	(h) 2010	(c) 2019	(4) 2020	(-) 2021		(f) Tabel
(or	fiscal year beginning in) 🟲	` ,	(b) 2018	` '	(d) 2020	(e) 2021		(f) Total
9	Amounts from line 6	425,070	606,539	721,116	606,661		568,769	2,928,155
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and	473	694					1,167
	income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from							0
	businesses acquired after June 30, 1975.							
С	Add lines 10a and 10b.	473	694	0	0		0	1,167
11	Net income from unrelated business							
	activities not included in line 10b,			5,996				5,996
	whether or not the business is regularly carried on.							
12								
	or loss from the sale of capital							0
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.).	425,543	607,233	727,112	606,661		568,769	2,935,318
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth t	tax year as a sect	ion 501(c)	(3) orga	anization,
	check this box and stop here							🕨 🗆
Se	ection C. Computation of Public							
15	Public support percentage for 2021 (li	ne 8, column (f) o	divided by line 13,	column (f))		15		97.620 %
16	Public support percentage from 2020	Schedule A, Part I	III, line 15			16		0 %
Se	ection D. Computation of Invest	ment Income	Percentage					•
17	Investment income percentage for 20	21 (line 10c, colu	mn (f) divided by	line 13, column (f))	17		0.040 %
18	Investment income percentage from 2					18		0 %
	$33_{1/3}\%$ support tests-2021. If the							_
	more than 33 1/3%, check this box and							
b	33 1/3% support tests—2020. If th	e organization did	not check a box	on line 14 or line 1	19a, and line 16 is	more tha	n 33 _{1/3}	% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	icly supported org	anization .		ightharpoons
								. —
20	Private foundation. If the organizat	ion did not check	<u>a box o</u> n line 14, :	19a, or 19b, check	this box and see	instruction	ns	<u> ▶</u> ∪

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.)

Yes No If *No,* describe in Part VI how the supported organizations is are designated. If designated by class or purpose, describe the designation. If initiator and continuing relationship, explain. 2	Se	ction A. All Supporting Organizations			
## 17%, "describe in Part VI now the supported organization are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 599(a)(1) or (2). 3a Did the organization have a supported organization that does not have an IRS determination of status under section 599(a)(1) or (2). 4 Did the organization have a supported organization determined that the supported organization was described in section 501(c)(4), (5), or (6) If "Yes," answer lines 3b and 3c below. 5 Did the organization have a supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 599(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 5 Did the organization ensure that all support to such organization swa used exclusively for section 170(c)(2)(6) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 4 Was any supported organization not organized in the United States ("foreign supported organization have utilimate control and discretion in deciding whether to make grants to the foreign supported organization have utilimate control and discretion and such control and discretion despite being controlled or supervised by or in connection with its supported organization and such control and discretion despite being controlled organization to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes? 5 Did the organization and substitute, or removed may the provision and supported organization was used exclusively for section 170(c)(2)(8) purposes being controlled organization and schools and substitute, or removed (1) the reason foreign supported organization and schools and scho				Yes	No
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b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. c Did a disqualified person (as defined in 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. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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).	9a	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	-		
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a 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).	c				
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).	10a	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	b				
		Schedule A (Form 990		0-EZ)	2021

Ра	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 in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
S	VI. ection B. Type I Supporting Organizations			
	7 7		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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 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 organization.	2		
_				<u> </u>
	ection 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		163	
_	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		
	, , , , , , , , , , , , , , , , , , , ,	_		
	ection 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 investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ons) :		
;	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
2	Activities Test. Answer lines 2a and 2b below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		res	No
•	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 in line 2a, above constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
,		2b		<u> </u>
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	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.			
ı	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.	21		
		3b	L	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri 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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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		
7	Check here if the current year is the organization's first as a non-functionally-interruptions	ntegra	ted Type III supporting	organization (see

e Excess from 2021.

Schedule A (Form 990 or 990-EZ) 2021					Pag	e 7
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizatio	ns (c	ontinued	1)	
Section D - Distributions					Current Year	
1 Amounts paid to supported organizations to assemblish	evernt nurneces		1			
1 Amounts paid to supported organizations to accomplish	···		-			
2 Amounts paid to perform activity that directly furthers e organizations, in	exempt purposes of supported		2			
excess of income from activity			_			
Administrative expenses paid to accomplish exempt pur	noses of supported organization	anc	3			
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	JIIS	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5			
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8			
9 Distributable amount for 2021 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations	(;)		ii)		(iii)	_
(see instructions)	(i) Excess Distributions	Underdis		ons	Distributable	
,		Pre-	2021		Amount for 2021	
1 Distributable amount for 2021 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019						
(reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2021:						
a From 2016						
b From 2017						
c From 2018						
d From 2019						
e From 2020						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2021 distributable amount						
i Carryover from 2016 not applied (see						
instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4 Distributions for 2021 from Section D, line 7:						
Applied to underdistributions of prior years						
b Applied to 2021 distributable amount						
c Remainder. Subtract lines 4a and 4b from line 4.						
5 Remaining underdistributions for years prior to						
2021, if any. Subtract lines 3g and 4a from line 2.						
If the amount is greater than zero, explain in Part VI . See instructions.						
6 Remaining underdistributions for 2021. Subtract						
lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.						
7 Excess distributions carryover to 2022. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2017						
b Excess from 2018						
c Excess from 2019						
d Excess from 2020.					I	

Schedule A (Form 990 or 990-EZ) (2021)

Return Reference

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

Explanation

Schedule A (Form 990 or 990-EZ) 2021

Taxpayer Copy

SCHEDULE 0 (Form 990 or 990Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

TIN: 52-1563768

Open to Public Inspection

Department of the Treasury

NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS

Employer identification number

52-1563768

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: \$30,175 \$35,127 \$5,133
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 four member classifications of members: public, health care associations, corporate/vendor, 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 or 990-EZ) 2021