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2009

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		7/1/2009	, and ending	6/30/2010
B Check if applicable		C Name of organization		D Employer identification number
<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Arizona Association of Health Underwriters		86-0687107
		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
		4600 E WASHINGTON ST	300	(480) 219-6366
		City, town, or country	State	ZIP + 4
		PHOENIX	AZ	85034
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				G Accounting Method Other (specify) ►
				<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
I Website: ► www.aahu.org				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 35,363

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	0
2 Program service revenue including government fees and contracts	2	4,512
3 Membership dues and assessments	3	12,619
4 Investment income	4	21
5a Gross amount from sale of assets other than inventory	5a	0
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	11,990
b Less: direct expenses other than fundraising expenses	6b	5,693
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,297
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ► DIRECTORY ADVERTISING INCOME)	8	6,221
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,670
10 Grants and similar amounts paid (attach schedule)	10	0
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	5,715
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	344
16 Other expenses (describe ► See Attached Statement)	16	31,420
17 Total expenses. Add lines 10 through 16	17	37,479
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,809
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	44,438
20 Other changes in net assets or fund balances (attach explanation)	20	1,205
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	37,834

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		44,438	22 39,716
23 Land and buildings			23
24 Other assets (describe ►)		0	24 0
25 Total assets		44,438	25 39,716
26 Total liabilities (describe ► DUE TO GPAHU)		0	26 1,882
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		44,438	27 37,834

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

What is the organization's primary exempt purpose? EDUCATION AND PROFESSIONAL DEVELOPMENT

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE ASSOCIATION PROVIDES EDUCATION, NETWORKING AND PROFESSIONAL DEVELOPMENT TO OVER 300 HEALTH UNDERWRITER MEMBERS.

0

(Grants \$ 0) If this amount includes foreign grants, check here ► 28a

29

0

0

(Grants \$ 0) If this amount includes foreign grants, check here ► 29a

30

0

0

(Grants \$ 0) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

0

0

(Grants \$ 0) If this amount includes foreign grants, check here ► 31a32 Total program service expenses. (add lines 28a through 31a) ► 32

0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN ROTHSTEIN 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title PRESIDENT Hr/WK 10.00	0	0	0
JENNIFER FARRELL 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title PAST PRESIDENT Hr/WK 2.00	0	0	0
JUDY JOHNSON 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title PRESIDENT ELECT Hr/WK 2.00	0	0	0
SARA SMITH 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title VP Hr/WK 2.00	0	0	0
LISA JILLS 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title SECY/TREAS Hr/WK 2.00	0	0	0
DEANNA ANDERSON 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title EXEC DIR Hr/WK 2.00	0	0	0
SHARA GERHART 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
SHELLY WINSON 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
JEFFERY GENNARO 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
CHRISTINA NUNEZ 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
ROSEANNE WOLFE 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
JULIE HICKEY 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
JEREMY DUBE 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
STEPHANIE O'DELL 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
TAMI EGGINMAN 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
TERRI REED 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
BECKY KANOZA 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0
LORI CRANDALL 6909 W RAY RD, BLDG 15 CHANDLER AZ 85226	Title DIR Hr/WK 2.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes No
33 **X**

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes No
34 **X**

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Yes No
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
 b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No
35a **X**
35b **X**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36 **X**

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0
 b Did the organization file Form 1120-POL for this year? Yes No
37b **X**

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes No
 b If "Yes," complete Schedule L, Part II and enter the total amount involved. Yes No
38b 0
39 Section 501(c)(7) organizations Enter Yes No
 a Initiation fees and capital contributions included on line 9. Yes No
39a 0
 b Gross receipts, included on line 9, for public use of club facilities. Yes No
39b 0

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 0, section 4912 ► 0; section 4955 ► 0 Yes No
 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. Yes No
40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► 0 Yes No
 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► 0 Yes No
 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. Yes No
40e **X**

41 List the states with which a copy of this return is filed. ► AZ Yes No

42 a The organization's books are in care of ► DEANNA ANDERSON Telephone no ► (480) 219-6366 Yes No
 Located at ► 6909 W RAY RD, BUILDING 11 City CHANDLER ST AZ ZIP + 4 ► 85226 Yes No
 b 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)? Yes No
 If "Yes," enter the name of the foreign country. ► Yes No
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes No
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
 If "Yes," enter the name of the foreign country. ► Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ► Yes No
 and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44 **X**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. Yes No
45 **X**

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of service	(c) Compensation
Name None	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	11-12-10	Date
	LISA ILLS		SECY/TREAS

Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	11/9/2010	<input type="checkbox"/>	
	SECHLER CPA PC 921 E ORANGE DRIVE, PHOENIX, AZ 85014		EIN	►
			Phone no	► (602) 230-2700

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

► Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Part I, Line 8 (990-EZ) - Other Revenue

	Description	Amount
1	DIRECTORY ADVERTISING INCOME	1 6,221
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

1,205

	Description	Amount
1	ADJUSTED TO ACTUAL BALANCE	1,205
✓2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

Part II, Line 26 (990-EZ) - Liabilities

	Description	Beginning	End
1	DUE TO GPAHU		1,882
2			
3			
4			
5			
6			
7			
8			
9			
10			