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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

AZHIMA

C Name of organization

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite 10221 NORTH 32ND STREET NO D

DLN: 93492210003031

D Employer identification number

(602) 996-2220

86-0341667

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

Short Form 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, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending 12-31-2010

Open to Public Inspection

<u> </u>	eminat	ted			(662)		
_		d return	City or town, state or country, and ZIP + 4 PHOENIX, AZ 850283849		F Group Exempti Number ►	on	
1 Ap	plicatio	on pending					
		-	Cash Accrual Other (specify) ►				
		<u>₩₩₩ AZHIM</u>				-	janization is not
J Tax	-Exem _l	pt status (check	only one)— 501(c)(3) 501(c)(6) ◄(insert no) 4947(a)(1) or 52	27	required to at (Form 990, 99		
			anization is not a section 509(a)(3) supporting organization and its		ceipts are norm	ally not	more than
			-EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return	stcard) m	ay be required (s	see instr	uctions) But if the
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total assets	(Part II, line 25, co	lumn (B) b	 pelow) are \$500,000 or
more,		_	d of Form 990-EZ		► \$		106,754
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Ba he organization used Schedule O to respond to any question in this		(See the instruc		Part I) . . ▽
	1	Contribution	is, gifts, grants, and similar amounts received			1	8,000
	2	Program ser	vice revenue including government fees and contracts			2	71,655
	3	Membership	dues and assessments			3	25,255
	4	Investment	ıncome			4	
	5a	Gross amou	nt from sale of assets other than inventory	5a]	
₽	ь	Less cost o	rother basis and sales expenses	5b]	
Revenue	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from l	ıne 5a)		5с	
œ	6	Gaming and	fundraising events				
	а	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a]	
	ь		ne from fundraising events (not including \$ 1,645 of contributions line 1) (attach Schedule G if the sum of such gross income and co		-		
	c	Less direct	expenses from gaming and fundraising events	6c			
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	1,645
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b		7	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther reven	ue (describe in Schedule O)			8	199
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	106,754
	10	Grants and s	similar amounts paid (list in Schedule O)			10	1,457
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	ner compensation, and employee benefits			12	
os Os	13	Professional	fees and other payments to independent contractors			13	13,671
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	163
Ë	15	Printing, pub	olications, postage, and shipping			15	
	16	O ther expen	ses (describe in Schedule O)			16	68,524
	17	Total expens	ses. Add lines 10 through 16			17	83,815
Þ	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	22,939
NetAssets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (m	ust agree	with		
ot A A		end-of-year	figure reported on prior year's return)			19	86,514
ž	20	O ther chang	es ın net assets or fund balances (explain in Schedule O) .			20	2,224
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		>	21	111,677

Part III Balance Sheets						
Check if the organization used	Schedule O to respond to	any question in th	his Part	:	_	
	- Company of the responding to	, quostion				
(See the instruct	ions for Part II)		(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments .		[86,351	22	111,627
23 Land and buildings		[23	
24 Other assets (describe in Schedule O)			163	24	50
25 Total assets				86,514	25	111,677
26 Total liabilities (describe in Schedule	0)			0	26	0
27 Net assets or fund balances (line 27 of	f column (B) must agree wit	:h line 21) .		86,514	27	111,677
Part III Statement of Program	Service Accomplishm	nents			Τ	Expenses
Check if the organization used What is the organization's primary exempt AS THE STATE MEMBERSHIP ORGANIZA PROFESSIONALS, THE ARIZONA HEALT FOSTERS THE PROFESSIONAL DEVELOR OPPORTUNITIES, BY PROMOTING QUA ADVOCATE ON ISSUES WHICH WILL AF Describe what was achieved in carrying out describe the services provided, the number	purpose? ATION OF HEALTH INFOR H INFORMATION MANAG PMENT OF ITS MEMBERS LITY CLINICAL DATA MA FECT THE MANAGEMENT the organization's exempt	RMATION MANA GEMENT ASSOC THROUGH CON NAGEMENT, AN OF HEALTH INI purposes In a c	GEMEN IATIOI TINUII D, BY A FORMA	NT N (AZHIMA) NG EDUCATION ACTING AS AN TION d concise manner,	(c) or 49	equired for section 501)(3) and 501(c)(4) ganizations and section 047(a)(1) trusts, tional for others)
28 SEND DELEGATES TO NATIONAL AN SEMINARS TO IMPROVE SKILLS (Grants \$ 207) If thi 29 CONDUCT VARIOUS WORSHOPS, ME RECORDS FIELD	s amount includes foreign ç	grants, check her	e .	▶┌	28a	23,675
· · · · · · · · · · · · · · · · · · ·	s amount includes foreign o	·			29a	54,289
30 PROVIDING SCHOLARSHIPS FOR NE (Grants \$ 750) If the	EDY STUDENTS ENROLLE s amount includes foreign o				20-	750
31 Other program services (describe in Sci		grants, check her	.		30a	750
	s amount includes foreign o	rants, check her	е	▶ ┌	31a	1
32 Total program service expenses (add line	es 28a through 31a) .			>	32	78,714
Part IV List of Officers, Directors, True		List each one even if	not com	pensated (See the ins	tructio	ons for Part IV)
Check if the organization used	Schedule O to respond to	any question in th	hıs Part	: IV		<u> </u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	i, e	(d) Contribution: employee benefit p deferred compens	lans	
See Additional Data Table						

Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 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, explain in Schedule O why the organization did not report he income on Form 990-T By the organization had income from business gross income of \$1,000 or more or was it a section \$0.1(c)(6), or \$0.1(c)(6) organization subject to section \$0.33(e) notice, reporting, and proxy tax requirements? By If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions). 37a If the organization dergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37b Enter amount of political expenditures, direct or indiect, as described in the instructions by If the organization file Form 1120-POL for this year? 38b 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 prory year and still outstanding at the end of the tax year covered by this return? by If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under section 4911 — section 4912 — section 4912 — section 4913 — section 4913 — section 4913 — section 4914 — section 4915 — section 4916			
description of each activity in Schedule O 4 Were any syndreant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 5 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, explain in Schedule O why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, responting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions). 3 The Take amount of political expenditures, direct or indicat, as described in the instructions. 3 The Take amount of political expenditures, direct or indicat, as described in the instructions. 3 The Take amount of political expenditures, direct or indicat, as described in the instructions. 3 The Take amount of political expenditures, direct or indicat, as described in the instructions. 3 The Take organization file Form 1120-PDL for this year? 3 The Take organization file Form 1120-PDL for this year? 3 The Take organization file Form 1120-PDL for this year? 3 The Take organization file Form 1120-PDL for this year? 3 The Take organization file Form 1120-PDL for this year? 4 The yes, "complete Schedule L, Part II and enter the total amount involved. 3 The Take organization file Form 1120-PDL for this year? 4 The Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 by section 4912 by section 4914 by section	$\overline{}$	Yes	No
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on 2 Schedule 0 (see instructions) 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 990-7, explain in Schedule 0 why the organization did not report the income on Form 990. The state of the organization have unrelated business gross income of \$1,000 or more or was it a section \$0.1(c)(4), 501 (c)(5), or \$0.1(c)(6) organization subject to section \$6.03(e) notice, reporting, and proxy tax requirements? 3 If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions) 36. Did the organization did a tax return on Form 990-T for this year? 37a Enter amount of political expenditures, dieser to affect, as described in the instructions 37b Enter amount of political expenditures, dieser to affect, as described in the instructions 37c Enter amount of political expenditures, dieser to affect, as described in the instructions 37a 0 to did the organization fle Form 1120-POL for this year? 37a 10 the organization fle Form 1120-POL for this year? 37b If "Yes," complete Schedule L, Part II and enter the total amount involved 37c 10 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 tax year covered by this return? 37c 10 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 tax year covered by this return? 38b 10 the organization berow from 9, for public use of club facilities 39c 10 the organization flee School (p. 1) organizations in the organization engage in any section 4958 cotton 501(c)(3) and 501(c)(4) organizations. E	33	103	No
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b If Yes," complete Schedule L, Part II and enter the total amount involved 38b 39			
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Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
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and enter the amount of tax-exempt interest received or accrued during the tax year			
Form 990-EZ. 4	· —	· ·	▶ 「
	445	Yes	No
unstand of Form990-F7	44a		No
c Did the organization receive any payments for indoor tanning services during the year?	44b		No
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c 44d		No

Form 990-	EZ (2010)						V	Page 4
					. (1) (4 =) = . = .		Yes	No
	y related organization a controlle Form 990 and Schedule R must be		_	fsection 512	2(b)(13)? <i>If</i>	45		Νο
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•			45a		Νο
	he organization engage, directly i idates for public office? If "Yes,"			ehalf of or in	opposition to	46		
Part VI				exempt c	haritable tri		only.	No
	All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respond	to any question in this P	art VI .				Γ
							Yes	No
47 Dıd t	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Par	rt II		47		
48 Is th	e organization a school described	d in section 170(b)(1)(A)(II) [?] If "Yes," complete S	Schedule E		48		
49a Did t	he organization make any transfe	ers to an exempt non-cha	ırıtable related organızat	tion?		49a		
b If"Ye	es," was the related organization	a section 527 organizat	ion?			49b		
	plete this table for the organization	-			•		•	
· · ·	oyees) who each received more t	than \$100,000 of compe (b) Title and average	nsation from the organiz		e is none, entei		e " e) Exper	nse
	and address of each employee Id more than \$100,000	hours per week	(c) Compensation	employee b	enefit plans &	a	count	and
		devoted to position		deferred c	ompensation	otne	r allowa	inces
50(f) Tot	al number of other employees pa	ıd over \$100,000 .				•		
	al number of other employees pa	, ,	sated Independent conti	ractors who e	▶	nore th	an \$10	0,000
51 Compofice	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	1				
51 Compofice	plete this table for the organization	on's five highest compen n Ifthere is none, enter	'None "	1			an \$10	
51 Compofice	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	1				
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51 Compofice	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	1				
51 Compofice	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	1				
51 Compofice	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	1				
51 Compofico	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen If there is none, enter ndent contractor paid mo	'None " re than \$100,000	1				
51 Composition of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest compen If there is none, enter indent contractor paid mo	'None " re than \$100,000 g over \$100,000	(b) Type	of service	(c) C	ompen	sation
51 Composition of co (a) N 51(d) Tot 52 Dic	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen If there is none, enter indent contractor paid mo ontractors each receivir idule A? NOTE: All Section	'None " re than \$100,000 g over \$100,000	(b) Type	of service	(c) C	ompen	trusts
51 Composition of co (a) N 51(d) Tot 52 Dic mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule	on's five highest compendent of there is none, enterndent contractor paid modern on the contractors each receiving the contractors each receiving the contractors of the contractors each receiving the contractors each	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organizatio luding accompanying scho	(b) Type	of service (a)(1) nonexen	npt cha	aritable (es	trusts
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Software ID: Software Version:

EIN: 86-0341667 **Name:** AZHIMA

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

(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	(E) Expense account and other allowances
	devoted to position	enter -u)	deferred compensation	other allowances
MIKE STEARNS 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	PAST PRESIDENT 5 00	0	0	0
DEBORAH PERKINS 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	PRESIDENT 5 00	0	0	0
JANE WALTERS 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	SECRETARY 5 00	0	0	0
SANDRA BRIGHTWELL 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	SECRETARY ELECT 5 00	0	0	0
ROBIN FURLONG 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	DIRECTOR 5 00	0	0	0
KIM SHOULTS 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	TREASURER ELECT 5 00	0	0	0
JAIME JAMES 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	TREASURER 5 00	0	0	0
PATRICIA ELLIOTT 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	DIRECTOR 5 00	0	0	0
MARNA WITMER 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	DIRECTOR 5 00	0	0	0
HEATHER JOHNSON 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	DIRECTOR 5 00	0	0	0
SHEENA ALBRIGHT 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	DIRECTOR 5 00	0	0	0
JOY KNOWLES 10221 N 32ND ST SUITE D PHOENIX,AZ 85028	DELEGATE 5 00	0	0	0

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SCHEDULE O

As Filed Data -

DLN: 93492210003031

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
AZHIMA	86-0341667

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION DIVIDEND AMOUNT 199

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GENERAL SUPPORT GRANTEE NAME PHOENIX COLLEGE GRANTEE ADDRESS 1202 W THOMAS PHOENIX, AZ 85013 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/05/10 AMOUNT GIVEN 500

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID		ACTIVITY CLASSIFICATION DONATION GRANTEE NAME AMERICAN HEALTH INFORMATION MANAGMENT ASSOCIATION GRANTEE ADDRESS 233 N MICHIGAN AVENUE STE 2150 CHICAGO, IL 60601 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION JEWELRY FOR SILENT AUCTION METHOD USED TO DETERMINE BOOK VALUE COST BASIS METHOD USED TO DETERMINE FMV RETIAL VALUE BOOK VALUE OF PROPERTY 207 DATE OF GIFT 08/08/10 AMOUNT GIVEN 207

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME JUDITH JONES GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/18/10 AMOUNT GIVEN 750 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,457

ldentifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 163

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES AMOUNT 52,761 DESCRIPTION TRAVEL AMOUNT 9,798 DESCRIPTION OTHER EXPENSES AMOUNT 1,028 DESCRIPTION IT AMOUNT 763 DESCRIPTION OFFICE AMOUNT 4,174 TOTAL TO FORM 990-EZ, LINE 16 68,524

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION NET UNREALIZED LOSSES ON INVESTMENT AMOUNT 2,224

ldentifier	Return Reference	Explanation	
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER RECEIVABLES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 50 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 163 END OF YEAR AMOUNT 0	

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: AZHIMA

EIN: 86-0341667

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.