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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 601(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.

A For the 2010 calendar year, or tax year beginning	7/1/2010	, and ending	6/30/2011
B Check if applicable	C Name of organization		
<input type="checkbox"/> Address change	Arizona Association of Health Underwriters		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	4600 E WASHINGTON ST 300		
<input type="checkbox"/> Amended return	City or town state or country ZIP + 4		
<input type="checkbox"/> Application pending	PHOENIX AZ 85034		
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►	
I Website: ► <a href="http://www.aahu.org">www.aahu.org</a>			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <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 \$50,000			
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 42,072			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	5c
	a Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6a
	c Less: direct expenses from gaming and fundraising events	6b
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	12,505
	7a Gross sales of inventory, less returns and allowances	6c
	b Less cost of goods sold	7a
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8,128
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	7c
2010	11 Benefits paid to or for members	8
Expenses	12 Salaries, other compensation, and employee benefits	9
	13 Professional fees and other payments to independent contractors	37,695
	14 Occupancy, rent, utilities, and maintenance	10
	15 Printing, publications, postage, and shipping	11
	16 Other expenses (describe in Schedule O)	12
	17 Total expenses. Add lines 10 through 16	13
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	28,363
	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)	14
	20 Other changes in net assets or fund balances (explain in Schedule O)	15
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2010)

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	39,716	22	40,325
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	39,716	25	40,325
26 Total liabilities (describe in Schedule O)	1,882	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,834	27	40,325

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. 

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

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.

## Expenses

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

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

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

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

32 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.)Check if the organization used Schedule O to respond to any question in this 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 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title PRESIDENT Hr/WK 10.00	0		
JENNIFER FARRELL 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title PAST PRESIDENT Hr/WK 2.00	0		
JUDY JOHNSON 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title PRESIDENT ELECT Hr/WK 2.00	0		
SARA SMITH 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title 1ST VICE PRESIDE Hr/WK 2.00	0		
LISA ILLS 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title SECRETARY/TREAS Hr/WK 2.00	0		
DEANNA ANDERSON 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title EXECUTIVE DIREC Hr/WK 2.00	4,000		
SHARA GERHART 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		
SHELLY WINSON 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		
JEFFERY GENNARO 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		
CHRISTINA NUNEZ 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		
ROSEANNE WOLFE 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		
JULIE HICKEY 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		
JEREMY DUBE 4600 E WASHINGTON ST STE 300 PHOENIX AZ 850	Title DIRECTOR Hr/WK 2.00	0		

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

Check if the organization used Schedule O to respond to any question in this Part V. 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33  Yes  No

34 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). 34  Yes  No

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 the income on Form 990-T. 35a  Yes  No

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, reporting, and proxy tax requirements? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36  Yes  No

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. 37a  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b  Yes  No

b Did the organization file Form 1120-POL for this year? 38a  Yes  No

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 tax year covered by this return? 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  Yes  No

39 Section 501(c)(7) organizations Enter 39b  Yes  No

a Initiation fees and capital contributions included on line 9. 40a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities. 40b  Yes  No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ► 40c  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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40d  Yes  No

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. 40e  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40f  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. 40g  Yes  No

41 List the states with which a copy of this return is filed ► AZ 41  Yes  No42 a The organization's books are in care of ► DEANNA ANDERSON Telephone no. ► (480) 219-6366  
Located at ► 4600 E WASHINGTON ST ST City, PHOENIX ST AZ ZIP + 4 ► 85034 42b  Yes  Nob 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)? 42c  Yes  NoIf "Yes," enter the name of the foreign country: ► 42d  Yes  NoSee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42e  Yes  Noc 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 ► 42f  Yes  No43 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 ► 43 43  Yes  No

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d  Yes  No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
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"		

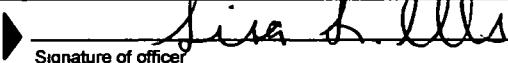
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00			
Name Str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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  X  No

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

Sign Here	► 	10-14-11
	Signature of officer	Date
	LISA ILLS	SECY/TREAS
	Type or print name and title	

Paid Preparer's Use Only	Preparer's name CAROLYN SECHLER	Preparer's signature	Date 9/26/2011	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► SECHLER CPA PC			Firm's EIN ►	
	Firm's address ► 921 E ORANGE DRIVE, PHOENIX, AZ 85014			Phone no	(602) 230-2700

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

►  Yes  No

**SCHEDULE C**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**Open to Public  
Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
 ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization	Employer identification number
Arizona Association of Health Underwriters	86-0687107

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ► \$ \_\_\_\_\_ 0
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	-----	-----	0	0
(2)	-----	-----	0	0
(3)	-----	-----	0	0
(4)	-----	-----	0	0
(5)	-----	-----	0	0
(6)	-----	-----	0	0

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check  if the filing organization belongs to an affiliated group.

B Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0	0												
<b>d</b>	Other exempt purpose expenditures		0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	0	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> <tr> <td style="padding: 2px;">Not over \$500,000</td> <td style="padding: 2px;">20% of the amount on line 1e</td> </tr> <tr> <td style="padding: 2px;">Over \$500,000 but not over \$1,000,000</td> <td style="padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,000,000 but not over \$1,500,000</td> <td style="padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,500,000 but not over \$17,000,000</td> <td style="padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td style="padding: 2px;">Over \$17,000,000</td> <td style="padding: 2px;">\$1,000,000</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount				0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures				0	0
<b>d</b> Grassroots nontaxable amount				0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures				0	0

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	23,833
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	22,500
b Carryover from last year	2b	
c Total	2c	22,500
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	23,833
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-1,333

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

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**Part IV Supplemental Information (continued)**

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010

Open to Public  
Inspection

**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.**

**Department of the Treasury  
Internal Revenue Service**

**Employer identification number**

Arizona Association of Health Underwriters

86-0687107

**Form 990-EZ, Part I, Line 8, Other Revenue DIRECTORY ADVERTISING INCOME: 501E**

Form 990-EZ, Part I, Line 8, Other Revenue. SPONSORSHIP ADVERTISING 400

Form 990-EZ, Part I, Line 8, Other Revenue: FEES INCOME FROM CHAPTERS 10,414

Form 990-EZ, Part I, Line 16, Other Expenses. Conferences, conventions, and meetings 3,157

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 68

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 259

Form 990-EZ, Part I, Line 16, Other Expenses, BANK FEES 83

Form 990-EZ Part I Line 16 Other Expenses INSURANCE 14

**Form 990-EZ Part I Line 16 Other Expenses: MEMBERSHIP EXP**

Form 990-EZ Part I Line 16 Other Expenses | LEGAL FEES AND TAXES 60

Form 200 EZ, Part I, Line 16, Other Expenses: STORAGE FEES 65

5 262 E7 R. 111. 16. 01. 5 DAYS AT THE CAPITAL

Draft as of 092711

Page 2

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Arizona Association of Health Underwriters

Employer identification number

86-0687107

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

Page 1 of 1 of Part IV

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
STEPHANIE O'DELL 4600 E WASHINGTON ST STE 300 PHOENIX AZ 85034	Title DIRECTOR Hr/WK 2 00	0	0	0
TAMI EGGINMAN 4600 E WASHINGTON ST STE 300 PHOENIX AZ 85034	Title DIRECTOR Hr/WK 2 00	0	0	0
TERRI REED 4600 E WASHINGTON ST STE 300 PHOENIX AZ 85034	Title DIRECTOR Hr/WK 2 00	0	0	0
BECKY KANOZA 4600 E WASHINGTON ST STE 300 PHOENIX AZ 85034	Title DIRECTOR Hr/WK 2.00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0