

Form 990EZ

Department of the Treasury
Internal Revenue Service

Short Form

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 www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AZHIMA

Number and street (or P O box, if mail is not delivered to street address) Room/suite
113 N BRADLEY DR
City or town, state or province, country, and ZIP or foreign postal code
SALINA, KS 67401

D Employer identification number
86-0341667
E Telephone number
(785) 221-3146
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify)
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.AZHIMA.ORG
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 128,150

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	79,642
	3	Membership dues and assessments	3	33,649
	4	Investment income	4	10,759
	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)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,100
Expenses	c	Less direct expenses from gaming and fundraising events	6c	168
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,932
	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	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,982
	10	Grants and similar amounts paid (list in Schedule O)	10	3,876
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	12,383
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,438
	16	Other expenses (describe in Schedule O)	16	88,086
	17	Total expenses. Add lines 10 through 16	17	105,783
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,199
	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	213,599
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-19,816
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	215,982

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2018)

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	215,058	22	217,282
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	215,058	25	217,282
26 Total liabilities (describe in Schedule O).	1,459	26	1,300
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	213,599	27	215,982

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?
AS THE STATE MEMBERSHIP ORGANIZATION OF HEALTH INFORMATION MANAGEMENT PROFESSIONALS, THE ARIZONA HEALTH INFORMATION MANAGEMENT ASSOCIATION (AZHIMA) FOSTERS THE PROFESSIONAL DEVELOPMENT OF ITS MEMBERS THROUGH CONTINUING EDUCATION OPPORTUNITIES, BY PROMOTING QUALITY CLINICAL DATA MANAGEMENT, AND, BY ACTING AS AN ADVOCATE ON ISSUES WHICH WILL AFFECT THE MANAGEMENT OF HEALTH INFORMATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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, optional for others)

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32** 79,726

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LISA HART PRESIDENT	5 00	0	0	0
MANUEL SOTO-GRIEGO ADVOCACY DIRECTOR	5 00	0	0	0
RENEE BLICKENSTAFF SECRETARY/TREASURER	5 00	0	0	0
SANDRA BRIGHTWELL EDUCATION DIRECTOR	5 00	0	0	0
KATHERINE ANDERSEN PRESIDENT- ELECT AS OF 7-2018	5 00	0	0	0
JAMI WOEBKENBERG PAST PRESIDENT AS OF 7-2018	5 00	0	0	0
BECKY BUEGEL DELEGATE UNTIL 8-2018	5 00	0	0	0
MARY VALENZUELA-RESTO DELEGATE	5 00	0	0	0
JANNIFER OWENS SECRETARY/TREASURER UNTIL 6-2018	5 00	0	0	0
PAM HESS PAST PRESIDENT UNTIL 6-2018	5 00	0	0	0
CANDICE RAMEY DELEGATE AS OF 7-2018	5 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	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	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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	36	No
37a 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?	37b	
38a 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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (785) 825-7340		
Located at ▶ 113 N BRADLEY DR SALINA , KS ZIP + 4 ▶ 67401		
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)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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 (see instructions)	45b	

No

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

Form **990-EZ** (2018)

Additional Data

Software ID:

Software Version:

EIN: 86-0341667

Name: AZHIMA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)	
28 SEND DELEGATES TO NATIONAL AND REGIONAL MEETINGS IN ADDITION TO EDUCATIONAL SEMINARS TO IMPROVE SKILLS (Grants \$ 276) If this amount includes foreign grants, check here . . . ☐	28a	10,292

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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29 CONDUCT VARIOUS WORKSHOPS, MEETINGS AND SEMINARS FOR PEOPLE INVOLVED IN MEDICAL RECORDS FIELD (Grants \$ 200) If this amount includes foreign grants, check here . . . ☐	29a 66,034

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)	
30 PROVIDING SCHOLARSHIPS FOR NEEDY STUDENTS ENROLLED IN MEDICAL RECORDS PROGRAMS (Grants \$ 3,400) If this amount includes foreign grants, check here ☐	30a	3,400

TY 2018 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
AZHIMA

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

86-0341667

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDEND AMOUNT 10,731 DESCRIPTION INTEREST AMOUNT 28 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 10,759

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCES AMOUNT 48,252 DESCRIPTION TRAVEL AMOUNT 18,521 DESCRIPTION SUPPLIES AMOUNT 3,562 DESCRIPTION IT AMOUNT 8,544 DESCRIPTION OFFICE AMOUNT 54 6 DESCRIPTION BANK FEES/ MERCHANT CHARGES AMOUNT 7,259 DESCRIPTION INSURANCE AMOUNT 1,402 TOTAL TO FORM 990-EZ, LINE 16 88,086

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION NET UNREALIZED (LOSS)ON INVESTMENT AMOUNT -19,816

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 1,459 END OF YEAR AMOUNT 1,300