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)

Open to Public Inspection

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the 2	007 calendar year, or tax year beginning SEP 1, 2007	and er	nding	AUG 3	1, 2	800	
В	Check if applicable:	Please C Name of organization				D Em	ployer i	dentification number
		use IRS						
	Address change	label or AMERICAN ACCOUNTING ASSOCIATION	3	9-6	030166			
	Name change	type. Number and street (or P.O. box if mail is not delivered to street address	)		Room/sui	te E Tel	ephone	number
	Initial return	Specific 5717 BESSIE DR				9	41-	921-7747
	Termin- ation	Instructions. City or town, state or country, and ZIP + 4				F Acc	ounting me	
	Amende return	BARASOIA, FL 34233					Other (specify)	<b>&gt;</b>
	Applicat pending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	sts	Han	d lare not a	oplicable	to sec	ction 527 organizations.
		must attach a completed Schedule A (Form 990 of 990-62).		H(a)	Is this a grou	p return f	or affilia	
		▶AAAHQ.ORG	_		If "Yes," enter			
J	Organiza	tion type (check only one) $\blacktriangleright$ $\boxed{X}$ 501(c) ( 3 ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$	527	H(c)	Are all affiliat (If "No," attac	es include	ed?	N/A L Yes No
K	Check he	re $ ightharpoonup$ if the organization is not a 509(a)(3) supporting organization <b>and</b> its ground	SS	H(d)	Is this a sepa	rate reťur	n filed b	oy an or
		are normally <b>not</b> more than \$25,000. A return is not required, but if the organization			ganization co	vered by	a group	ruling? Yes X No
	chooses t	to file a return, be sure to file a complete return.		1	Group Exemp			N/A
			_	М			-	tion is <b>not</b> required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 $\triangleright$ 7,002,48			Sch. B (Form	990, 990	)-EZ, or	990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nce	3			
	1	Contributions, gifts, grants, and similar amounts received:						
	a	Contributions to donor advised funds	1a		1 000	016		
	b	Direct public support (not included on line 1a)			1,836,	816.		
	C	Indirect public support (not included on line 1a)						
	d	Government contributions (grants) (not included on line 1a)	1d					1 006 016
	е	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,836,816. noncash \$				)	1e	1,836,816.
	2	Program service revenue including government fees and contracts (from Part VII, line					2	3,643,998.
	3	Membership dues and assessments					3	1,385,226.
	4	Interest on savings and temporary cash investments					4	126 440
	5	Dividends and interest from securities		 I			5	136,440.
	6 a	Gross rents						
	b	Less: rental expenses						
ne	_ c	Net rental income or (loss). Subtract line 6b from line 6a					6c	
Revenue	7	Other investment income (describe  Gross amount from sales of assets other  (A) Securities	l	ı .	(D) Other	)	7	
æ	8 a		0.0		( <b>B</b> ) Other		-	
	.	than inventory Less: cost or other basis and sales expenses	8a 8b					
	1		8c					
		Gain or (loss) (attach schedule)					8d	
	9	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check	here I				ou	
		Gross revenue (not including \$ of contributions reported on line 1b)			_			
		Less: direct expenses other than fundraising expenses	9b				1	
	C	Net income or (loss) from special events. Subtract line 9b from line 9a					9c	
	1	Gross sales of inventory, less returns and allowances		]				
	1	Less: cost of goods sold					1	
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	m line	10a			10c	
	11	Other revenue (from Part VII, line 103)					11	
	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	7,002,480.
_	13	Program services (from line 44, column (B))					13	4,559,878.
Expenses	14	Management and general (from line 44, column (C))					14	1,156,234.
en	15	Fundraising (from line 44, column (D))					15	-
Ä	16	Payments to affiliates (attach schedule)					16	
_	17	Total expenses. Add lines 16 and 44, column (A)					17	5,716,112.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12					18	1,286,368.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19	5,363,355.
Z	20	Other changes in net assets or fund balances (attach explanation)					20	0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					21	6,649,723.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

•	) urga	inizations and section 4947		trusts but optional for othe	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	( <b>D)</b> Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash $0 \cdot noncash$ 0 •					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					
(cash $0 \cdot noncash$ 0 •					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	241,140.	0.	241,140.	0.
<b>b</b> Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	699,411.	560,286.	139,125.	
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28	273,403.	162,866.	110,537.	
29 Payroll taxes	29	73,533.	43,803.	29,730.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	84,998.	72,417.	12,581.	
34 Telephone	34	20,761.	13,312.	7,449.	
35 Postage and shipping	35	204,629.	197,553.	7,076.	
36 Occupancy	36	21,184.	11,446.	9,738.	
37 Equipment rental and maintenance	37	20,019.	11,925.	8,094.	
38 Printing and publications	38	317,318.	298,155.	19,163.	
39 Travel	39	356,592.	239,364.	117,228.	
40 Conferences, conventions, and meetings	40	1,970,978.	1,901,091.	69,887.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	91,153.	49,250.	41,903.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 1	43g	1,340,993.	998,410.	342,583.	
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),			, === ===	4 4 5 6 6 6 6 6 6	-
carry these totals to lines 13-15)	44	5,716,112.	4,559,878.	1,156,234.	0.
Joint Costs. Check ▶ ☐ if you are following					□ ( <b></b>
Are any joint costs from a combined educational campai					Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	ts \$ _	_	ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$		N/A ; and (	iv) the amount allocated to	Fundraising \$	N/A

#### Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 2	Program Service
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	ANNUAL MEETING FOR MEMBERS, CONFERENCES & CONSORTIA RELATING TO VARIOUS ACCOUNTING EDUCATION TOPICS	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □  COMMITTEE MEETINGS AND PROGRAMS TO RESEARCH VARIOUS  ACCOUNTING-RELATED TOPICS, TO EDUCATE ACCOUNTING PROF. AND  TO RECOGNIZE OUTSTANDING EDUCATORS	3,113,357.
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ COST OF PUBLICATIONS: THE ASSOCIATION PUBLISHES 9 JOURNALS, 15 NEWSLETTERS, AND OTHER PUBLICATIONS, INCLUDING A WEB SITE FOR DISSEMINATION OF INFORMATION TO MEMBERS/SUBSCRIBERS	192,346.
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ MISC. MEMBER AND SUBSCRIBER SUPPORT SERVICES	1,132,961.
	(Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here   Total of Program Service Expenses (should equal line 44, column (B), Program services)  ▶	121,214.

Pa	rt IV	Balance Sheets (See the instructions.)					
Note		ore required, attached schedules and amounts with uld be for end-of-year amounts only.	thin the c	lescription column	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing		971,206.	45	825,678. 5,718,228.	
	46	Savings and temporary cash investments			4,677,837.	46	5,718,228.
		Accounts receivable	47a 47b	227,459.	103,023.	47c	227,459.
		Pledges receivable  Less: allowance for doubtful accounts	48a 48b	1,216,713.	609,761.	48c	1,216,713.
	49				005,701.	49	1,210,713.
		Grants receivable  Receivables from current and former officers, divided the second sec	irectors,	trustees, and		50a	
	b	Receivables from other disqualified persons (as					
3		4958(f)(1)) and persons described in section 49	58(c)(3)(E	3)		50b	
Assets	51 a	Other notes and loans receivable	51a				
⋖	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			15,719.	52	7,491.
	53	Prepaid expenses and deferred charges			24,822.	53	34,776.
	54 a	Investments - publicly-traded securities	<b>&gt;</b>	Cost FMV		54a	
	b	Investments - other securities	<b>&gt;</b>	Cost FMV		54b	
	55 a	Investments - land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	1,659,516.			
		Less: accumulated depreciation STMT 3	57b	1,659,516.	804,297.	57c	779,655.
	58	Other assets, including program-related investments (describe > INTEREST RECEIVABI	Æ	,	14,848.	58	2,392.
	59	Total assets (must equal line 74). Add lines 45		58	7,221,513.	59	8,812,392.
	60	Accounts payable and accrued expenses			1,008,651.	60	965,391.
	61	Grants payable			2,000,0020	61	303,3320
	62	Deferred revenue			849,507.	62	1,197,278.
lities	63	Loans from officers, directors, trustees, and key		0 20 7 0 0 1 1	63		
						64a	
Liabi		b Mortgages and other notes payable				64b	
_	65	Other liabilities (describe		)		65	
				′ 🗖			
	66	Total liabilities. Add lines 60 through 65			1,858,158.	66	2,162,669.
		anizations that follow SFAS 117, check here			, ,		, ,
		67 through 69 and lines 73 and 74.		·			
Ses	67	Unrestricted			4,647,079.	67	5,329,814.
au	68	Temporarily restricted			716,276.	68	1,319,909.
Bal	69	Permanently restricted			•	69	
pu		anizations that do not follow SFAS 117, check					
Ē		complete lines 70 through 74.					
S OF	70	Capital stock, trust principal, or current funds				70	
set	71	Paid-in or capital surplus, or land, building, and				71	
As	72	Retained earnings, endowment, accumulated in		_		72	
Net Assets or Fund Balances	73	Total net assets or fund balances. Add lines 67 throu					
~		(Column (A) <b>must</b> equal line 19 and column (B) <b>must</b>	•	•	5,363,355.	73	6,649,723.
	74	Total liabilities and net assets/fund halances		· · · · · · · · · · · · · · · · · · ·	7 221 513	74	8 812 392

Part IV-A	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the
	instructions)

	instructions.)								
a	Total revenue, gains, and other support per audited financial stateme	nts				a	7,	002,48	) <b>.</b>
b	Amounts included on line a but not on Part I, line 12:								
1	Net unrealized gains on investments		b1						
	Donated services and use of facilities								
	Recoveries of prior year grants								
	Other (specify):		b4						
	Add lines <b>b1</b> through <b>b4</b>					b		(	).
C	Subtract line <b>b</b> from line <b>a</b>					С	7,	002,48	).
d	Amounts included on Part I, line 12, but not on line a:								
1	Investment expenses not included on Part I, line 6b		d1						
	Other (specify):		d2						
	Add lines <b>d1</b> and <b>d2</b>					d			).
е	Total revenue (Part I, line 12). Add lines c and d					е	7,	002,48	).
Pa	rt IV-B   Reconciliation of Expenses per Audited Fina	ancial Statements	Wit	h Expenses	per	Ret	urn	,	
	Total expenses and losses per audited financial statements					а		716,11	2.
	Amounts included on line <b>a</b> but not on Part I, line 17:								
			61						
	Prior year adjustments reported on Part I, line 20								
	Losses reported on Part I, line 20		$\vdash$						
	Other (specify):		b4						
-	Add lines <b>b1</b> through <b>b4</b>					ь			o .
C	Subtract line <b>b</b> from line <b>a</b>					c	5.	716,11	2.
	Amounts included on Part I. line 17. but not on line a:						- ,	,	
	Investment expenses not included on Part I, line 6b		d1						
	Other (specify):		d2						
_						-			o .
	Add lines at and az					ı a ı			
е	Add lines d1 and d2  Total expenses (Part I, line 17), Add lines c and d					d e	5,		
	Total expenses (Part I, line 17). Add lines c and d					е		716,11	
	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List or ere not compensated.) (S	each (	person who was	s an o	<b>e</b> fficer	, dire	716 , 11 ; ctor, trustee,	
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	ey Employees (List of the compensated.) (Signal (B) Title and average hou	each   See th	person who was	s an o	<b>e</b> fficer	, dire	716 , 11 ; ctor, trustee,	2 <b>.</b>
	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List or ere not compensated.) (S	each   See th	person who was	s an o	<b>e</b> fficer	, dire	716 , 11 ; ctor, trustee,	2 • e d
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See th	person who was		<b>e</b> fficer	, dire	716 , 11 ; ctor, trustee,	2 • e d
	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See th	person who was	s an o	<b>e</b> fficer	, dire	716 , 11 ; ctor, trustee,	2 • e d
	Total expenses (Part I, line 17). Add lines c and d  art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was	(D)Co emple plans compe	e fficer ntribut byee b s & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	2 • e d
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b s & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
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	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces
	Total expenses (Part I, line 17). Add lines c and d  Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	ey Employees (List e ere not compensated.) (8 (B) Title and average hou per week devoted to	each   See thrs ((	person who was ne instructions.) C) Compensation f not paid, enter -0)	(D)Co emple plans compe	e fficer ntribut byee b & def nsatio	ions to enefit erred n plans	716 , 11 : ctor, trustee, (E) Expens account an other allowar	e d ces

	4 V A Course of Officers Directors Tructons and Ke		0	39-0030.	100		age <b>o</b>
	t V-A Current Officers, Directors, Trustees, and Ke	<u> </u>				Yes	NO
75 a	Enter the total number of officers, directors, and trustees permitted t	-	siness at board	11			
	meetings		►	11			
b	Are any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional and						
	Part II-A or II-B, related to each other through family or business relative in the individual conditions the male in the individual conditions the male in the individual conditions the male individual conditions the	•		dentifies			37
	the individuals and explains the relationship(s)				75b		X
C	Do any officers, directors, trustees, or key employees listed in Form		•	,			
	listed in Schedule A, Part I, or highest compensated professional and						
	Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organ	ination II		T I	75.		v
	-				75c		X
ч	If "Yes," attach a statement that includes the information described			•	75d		X
	Does the organization have a written conflict of interest policy?  † V-B   Former Officers, Directors, Trustees, and Ke	v Employees That B	eceived Com	nensation (		her	
ı aı	Benefits (If any former officer, director, trustee, or key en	nployee received compens	ation or other ben	efits (describe	d belc	w) dur	rina
	the year, list that person below and enter the amount of col						
			(C) Compensation	(D) Contributions t	to (	<b>E)</b> Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred	i ac	cćount	and
	NONE		enter -0-)	compensation plan		er allow	ances
				ļ	$+\!\!-$		
					$+\!\!-$		
					$+\!-$		
<b>-</b> - ·							
				-	+		
					+		
					+		
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					╛		
Pai	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of co	onducting activities? If "Yes	s," attach a detaile	ed			
	statement of each change				76		X
77	Were any changes made in the organizing or governing documents to				77		X
	If "Yes," attach a conformed copy of the changes.			Ţ			
78 a	Did the organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this ret	turn?	78a	Х	
b	IS IIV.			T T	78b	Х	
79	Was there a liquidation, dissolution, termination, or substantial contr				79		X
80 a	Is the organization related (other than by association with a statewid						
	membership, governing bodies, trustees, officers, etc., to any other				80a		Х
b	If "Yes," enter the name of the organization ► N/A						
		and check whether it is	exempt <b>or</b>	nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instruction	ons.)	81a	0.			
b	Did the organization file Form 1120-POL for this year?				81b		Х
					Form	990 (	(2007)

3	9	- (	51	n	3	U	1	6	6	
J	_	,	•	v	J	v	_	v	v	

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Page	`

	rt VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
00 -	against amounts due or received from them.)  87b N/A	-		
вв а	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a		Х
h	If "Yes," complete Part IX  At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	004		^
U	section 512(b)(13)? If "Yes," complete Part XI	88b		x
80 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000		
00 u	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
b	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 become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		Х
90 a	List the states with which a copy of this return is filed $ ightharpoons FL$			
b	Number of employees employed in the pay period that includes March 12, 2007 90b			18
91 a	The books are in care of ► ROLAND J LATULIP  Telephone no. ► 941-92			
	Located at ► 5717 BESSIE DR, SARASOTA, FL ZIP+4 ► 3			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country  N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Yes

X No

	controlling organization as defined in section 512(b)(13).	N/A		
106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity	as defined in section	n 512(h)(13) of the Code2 If "Ves	Yes No
100	complete the schedule below for each controlled entity.	as defined in section	1312(b)(10) of the oode: 11 1es	,
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
	Totals			Yes No
107	complete the schedule below for each controlled entity.			"Yes,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а 				
b				
С				
	Totals			
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including accompany			Yes No
Plea	and complete. Declaration of preparer (other than officer) is based on all information of wh	ish preparer has any knowl	edge.	beller, it is true, correct,
Sigr Her	V Orginatary or ornicor		Date	
	Type or print name and title	LDoto	I Chack if   Drangrar's SS	N or PTIN (See Con Inst V)
Paid Pren	signature /	Date 01/07/09	self-	N or PTIN (See Gen. Inst. X)
•	Only Firm's name (or yours if self-employed), address, and ZIP + 4  CPA ASSOCIATES  1301 SIXTH AVENUE WEST SUBRADENTON, FL 34205-7440	JITE 600	Phone no. ► (941	)747-4483
	Zii + + Dittibunton, 11 34203 /440		T Holle Ho. P ( ) 41	Form <b>QQ0</b> (2

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization			Employer identif	ication number				
AMERICAN ACCOUNTING ASSOCIATION 39 603								
Part I Compensation of the Five Highest Paid Emp	Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees							
(See page 1 of the instructions. List each one. If there are none, e								
(a) Name and address of each employee paid more than \$50,000	(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				
DEBORA R GARDNER	DIRECTOR LOGI	STICS						
5717 BESSIE DR, SARASOTA, FL 34233	40.00	65,076.	4,335	,				
JAMES R SZELMINSKI	DIRECTOR IT							
5717 BESSIE DR, SARASOTA, FL 34233	40.00	59,773.	3,956	,				
BEVERLY J HARRELSON	DIR. COMMUNIC	ATIONS						
5717 BESSIE DR, SARASOTA, FL 34233	40.00	60,970.	4,018	,				
DIANE M LEGER	CONTROLLER							
5717 BESSIE DR, SARASOTA, FL 34233	40.00	56,434.	0.	,				
MARGARET D HAZARD	PUBLICATIONS	COORD.						
5715 BESSIE DR, SARASOTA, FL 34233	40.00	50,028.	3,312	,				
Total number of other employees paid								
over \$50,000	0							
Part II-A Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals	•		ional Servic	es				
(a) Name and address of each independent contractor paid more th		(b) Type of s	service	(c) Compensation				
DEE STRAHAN ENTERPRISES, INC.								
1223 OXBOW LANE, WINTER SPRINGS, FL 3	2708	MEETING PI	ANNER	179,700.				
PETROUS LLC 380 N. 200 WEST, SUITE 200, BONTIFUL,	 	CONSULTING	1	99,941.				
INFORMED STRATEGIES LLC 102 W. MONTGOMERY AVENUE, ARDMORE, PA	19003	CONSULTING	1	88,830.				
GH_ASSOCIATES_INC.								
1446 HARVEST CROSSING DRIVE, MCLEAN,	VA 22101 C	CONSULTING	7	51,340.				
Total number of others receiving over								
\$50,000 for professional services	0							
Part II-B Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether individ		ervices					
(a) Name and address of each independent contractor paid more th	an \$50,000	<b>(b)</b> Type of s	service	(c) Compensation				
NONE								
10112								
Total number of other contractors receiving over								
\$50,000 for other services	0							

F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	Х	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
	b Did the organization make any taxable distributions under section 4966?  N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on		•	
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	2 2 2			

Schedule A (Form 990 or 990-EZ) 2007

Par		Reason for Non-Private Foundation S	(	9	110.)														
certify	that th	e organization is not a private foundation because it is: (l	Please check only <b>ONE</b> a	pplicable box.)															
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1	)(A)(i).															
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	t V.)																
7		A hospital or a cooperative hospital service organizatio	n. Section 170(b)(1)(A)(i	ii).															
8		A federal, state, or local government or governmental L	unit. Section 170(b)(1)(A)	)(V).															
9		A medical research organization operated in conjunction	on with a hospital. Section	170(b)(1)(A)(iii). Enter t	he hospital's	s name, city,													
		and state ►  An organization operated for the henefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(Δ\(iy\))																	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).																		
	(Also complete the <b>Support Schedule</b> in Part IV-A.)																		
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.																		
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)																
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)															
12	X	An organization that normally receives: (1) more than	33 1/3% of its support from	om contributions, membe	rship fees, a	nd gross													
		receipts from activities related to its charitable, etc., fur																	
		its support from gross investment income and unrelate				ses acquired													
		by the organization after June 30, 1975. See section 5	09(a)(2). (Also complete	the Support Schedule in	Part IV-A.)														
13		An organization that is not controlled by any disqualifie	d persons (other than fo	undation managers) and (	otherwise me	ets the requi	rements of section												
		509(a)(3). Check the box that describes the type of sup	oporting organization:																
		Type I Type II	Type III-Fu	nctionally Integrated		Type III	I-Other												
		Provide the following information al		nizations. (See page 8 of															
		Name(s) of supported organization(s)	l Employer	Tuno of organization	l le th≙ ei	innorted	(a) (b) (c) (d) (e)												
	Name(s) of supported organization(s)  Employer Type of organization Is the supported Amount of identification (described in lines organization listed in support																		
	identification (described in lines organization listed in support number (EIN) 5 through 12 above the supporting																		
		, , , , , , , , , , , , , , , , , , ,		, ,,	organization the sup organiz	on listed in porting zation's													
		,	identification	(described in lines 5 through 12 above	organization the sup organiz	on listed in porting													
		,	identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
		, , , , , , , , , , , , , , , , , , ,	identification	(described in lines 5 through 12 above	organization the sup organiz	on listed in porting zation's													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
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			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
Total			identification	(described in lines 5 through 12 above	organizati the sup organiz governing	on listed in porting zation's documents?													
Total 14		An organization organized and operated to test for pub	identification number (EIN)	(described in lines 5 through 12 above or IRC section)	organizati the sup organi: governing Yes	on listed in porting zation's documents?													

Schedule A (Form 990 or 990-EZ) 2007

Pai	Note: You may use the	e worksheet in the inst	ructions for converting	from the accrual to th	e cash method of accounti	ounting.
begin	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	883,985.	1,146,314.	592,065.	649,327.	
16	Membership fees received	1,293,473.	1,211,806.	1,154,619.	1,236,451.	4,896,349.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,912,455.	2,755,942.	2,897,829.	2,317,682.	10,883,908.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	204,670.	138,019.	57,467.	21,456.	421,612.
19	Net income from unrelated business					
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					19,473,560.
24	Line 23 minus line 17			1,804,151.		8,589,652.
25	Enter 1% of line 23	52,946.	52,521.	47,020.	42,249.	
26	Organizations described on lines 1				26a	N/A
b	Prepare a list for your records to sho			,		
	unit or publicly supported organization	,	ŭ			NT / 7
	Do not file this list with your return.		******			N/A N/A
	Total support for section 509(a)(1) t Add: Amounts from column (e) for li		19		≥ 26c	N/A
u	Add. Amounts from Column (e) for in	nes: 18 22	19 26b		≥ 26d	N/A
	Public support (line 26c minus line 2					N/A
f	Public support percentage (line 26	e (numerator) divided hy	line 26c (denominator)	 I	≥ 26f	N/A %
27	Organizations described on line 12					·
	records to show the name of, and to such amounts for each year: (2006) 569,163	tal amounts received in ea	ach year from, each "disq	ualified person." <b>Do not fi</b>	le this list with your retu	-
b	For any amount included in line 17 th					
	and amount received for each year, t described in lines 5 through 11b, as	that was more than the <b>la</b> well as individuals.) <b>Do n</b>	rger of (1) the amount or ot file this list with your	n line 25 for the year or (2 return. After computing t	<b>2)</b> \$5,000. (Include in the he difference between the	list organizations
	the larger amount described in (1) o	• •	•	,		^
		. (2005)	U • (2	004)	U • (2003)	0.
С	Add: Amounts from column (e) for li	nes: 15	3,4/1,691.	16 <u>4,896,</u> 21	<u>349•</u> ► a-	1 10 051 040
_	$\frac{1}{20,8}$	83,908. 20	ud lina 97h total	. 21	> 27c	19,051,948. 2,093,506.
a	Add: Line 27a total 2,0					16,958,442.
e	Public support (line 27c total minus		22 column (a)	<b>▶</b>   27f   1 Q		10,330,444.
1	Total support for section 509(a)(2) t Public support percentage (line 27	oor ruici annount on ille e (numerator) divided by	Line 27f (denominator)\		473,300. ▶ 27g	87.0844%
y h	Investment income percentage (lin	e 18. column (e) (numer	ator) divided hv line 27f	(denominator))	27g	2.1650%
28 1	Investment income percentage (iiii					

Show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return**. Do not include these grants in line 15.

NONE

Part V

N/A

### (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
04 -	December a was instituted as a financial side as a sixtense from a growth of the same of t	0.4		
	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
25	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007

Scł	nedule A (Form 990 or 990-EZ) 2007 🛕	MERICAN ACCOUNTING ASSOCI	ATION	3	9-6030166 Page
Р		ditures by Electing Public Charities (Se	ee page 11 of	the instructions.)	N/A
	<u> </u>	by an eligible organization that filed Form 5768)			
Che	eck 🕨 a 📖 if the organization belo	ongs to an affiliated group. Check 🕨 <b>b</b> 🔃	if you chec	ked <b>"a"</b> and "limited contr	ol" provisions apply.
		on Lobbying Expenditures ditures" means amounts paid or incurred.)		<b>(a)</b> Affiliated group totals	(b) To be completed for all electing organizations
	•			N/A	
36	Total lobbying expenditures to influence	ce public opinion (grassroots lobbying)	36	,	
		ce a legislative body (direct lobbying)			
		36 and 37)			
		dd lines 38 and 39)			
	Lobbying nontaxable amount. Enter the				
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40			
		\$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	41		
	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			
42	Grassroots nontaxable amount (enter 2	25% of line 41)	42		
		if line 42 is more than line 36			
44	Subtract line 41 from line 38. Enter -0-	if line 41 is more than line 38	44		
	Caution: If there is an amount on e	either line 43 or line 44, you must file Form 4720.			

#### 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 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2006	(c) 2005	( <b>d</b> ) 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
Grassroots lobbying expenditures					0

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizati	ons that did not complete Pa	ırt VI-A) (See page 14	of the instructions.)
-----------------------------------	------------------------------	------------------------	-----------------------

N/A

Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	103	NO	Alliount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0.
	If "Ves" to any of the above, also attach a statement diving a detailed description of the lobbying activities			

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

		(coo page : : c: are mear	4041011011				
		irectly or indirectly engage in any of	-				
	, ,	section 501(c)(3) organizations) or in		litical organizations?		V	NI.
а		ganization to a noncharitable exempt	-		E10(i)	Yes	No
					51a(i) a(ii)		X
b	Other transactions:				α(11)		Λ
U		te with a noncharitable evennt organ	nization		b(i)		Х
					b(ii)		X
					b(iii)		X
					b(iv)		X
					b(v)		Х
	. ,				b(vi)		Х
		mailing lists, other assets, or paid er			С		Х
d	If the answer to any of the above	e is "Yes," complete the following sch	iedule. Column (b) should a	lways show the fair market value of the			
	goods, other assets, or services	given by the reporting organization.	If the organization received	less than fair market value in any			
	transaction or sharing arrangen	nent, show in column (d) the value of	the goods, other assets, or	services received:		N/A	
( <b>a</b> ) Line n	(b) D. Amount involved	(c) Name of noncharitable exe	empt organization	( <b>d</b> ) Description of transfers, transactions, and sl	naring ar	rangen	nents
		(3)) or in section 527?		anizations described in section 501(c) of the	Yes	X	No
	(a Name of org	)	( <b>b</b> ) Type of organization	(c) Description of relationshi	n		
	ivanic of or	gamzation	Typo or organization	Description of relations in	۲		

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization **Employer identification number** AMERICAN ACCOUNTING ASSOCIATION 39-6030166 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) General Rule-For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but

they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Asset No.	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	DELL COMPUTER	08/08/00	SL	3.00	нү16	4,222.				4,222.	4,222.		0.	4,222.
2	FILE CABINETS	09/01/80	SL	10.00	ну16	411.				411.	411.		0.	411.
3	DELL COMPUTER	08/08/00	SL	3.00	нү16	3,710.				3,710.	3,710.		0.	3,710.
4	TOSHIBA LAPTOP	08/08/00	SL	3.00	ну16	2,550.				2,550.	2,550.		0.	2,550.
5	CANNON COPIER IR330	04/14/00	SL	5.00	нү16	13,531.				13,531.	13,531.		0.	13,531.
6	FILE CABINETS	09/01/81	SL	10.00	ну16	201.				201.	201.		0.	201.
9	CHAIR/3 FILE CABINETS	09/01/82	SL	10.00	нү16	408.				408.	408.		0.	408.
10	CANNON COPIER C2100CS	04/14/00	SL	5.00	нү16	14,925.				14,925.	14,925.		0.	14,925.
11	1 FILE CABINET	09/01/83	SL	10.00	нү16	110.				110.	110.		0.	110.
12	A/C IMPROVEMENTS	04/13/00	SL	7.00	нү16	7,754.				7,754.	7,754.		0.	7,754.
13	GATEWAY COMPUTER	02/04/00	SL	3.00	нү16	4,105.				4,105.	4,105.		0.	4,105.
15	1 FILE CABINET	09/01/85	SL	10.00	нү16	547.				547.	547.		0.	547.
16	2 FILE CABINETS	09/01/85	SL	10.00	нү16	508.				508.	508.		0.	508.
19	GATEWAY COMPUTER	02/04/00	SL	3.00	ну16	4,105.				4,105.	4,105.		0.	4,105.
21	DELL COMPUTER	08/31/99	SL	5.00	ну16	2,843.				2,843.	2,843.		0.	2,843.
22	WEB SERVER	08/31/99	SL	5.00	ну16	1,378.				1,378.	1,378.		0.	1,378.
23	DESKS	08/31/99	SL	10.00	ну16	2,550.				2,550.	2,040.		255.	2,295.
24	WEB SERVER	08/31/99	SL	5.00	ну16	9,976.				9,976.	9,976.		0.	9,976.

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	2 DELL COMPUTERS	08/27/99	SL	5.00	нү16	7,985.				7,985.	7,985.		0.	7,985.
27	WEB SERVER	07/06/99	SL	5.00	ну16	1,500.				1,500.	1,500.		0.	1,500.
28	TABLE/FILE/CHAIR	09/01/87	SL	10.00	нү16	340.				340.	340.		0.	340.
29	AMS SOFTWARE	05/20/99	SL	5.00	ну16	3,000.				3,000.	3,000.		0.	3,000.
30	FILE CABINET	09/01/87	SL	10.00	нү16	31.				31.	31.		0.	31.
31	1 BOOKCASE	09/01/88	SL	10.00	нү16	63.				63.	63.		0.	63.
32	MICROWAVE	09/01/88	SL	5.00	нү16	81.				81.	81.		0.	81.
33	2 FILE CABINETS	09/01/88	SL	10.00	нү16	201.				201.	201.		0.	201.
34	DELL COMPUTER	02/15/99	SL	5.00	нү16	3,563.				3,563.	3,563.		0.	3,563.
35	VIDEO CARD	01/21/99	SL	5.00	нү16	1,137.				1,137.	1,137.		0.	1,137.
36	CAMCORDER	01/06/99	SL	5.00	нү16	2,125.				2,125.	2,125.		0.	2,125.
37	DRACO VIDEO EDITOR	12/10/98	SL	5.00	нү16	6,190.				6,190.	6,190.		0.	6,190.
38	2 DELL COMPUTERS	09/18/98	SL	5.00	нү16	7,824.				7,824.	7,824.		0.	7,824.
39	DELL COMPUTER -LAPTOP	08/31/98	SL	5.00	нү16	4,907.				4,907.	4,907.		0.	4,907.
40	HP LASER PRINTER	08/31/98	SL	5.00	нү16	3,291.				3,291.	3,291.		0.	3,291.
41	AMS SOFTWARE	08/25/98	SL	5.00	ну16	4,536.				4,536.	4,536.		0.	4,536.
42	AMS SOFTWARE	04/04/98	SL	5.00	НҮ16	5,334.				5,334.	5,334.		0.	5,334.
45	ROOF REPLACEMENT	01/28/97	SL	15.00	НУ16	11,727.				11,727.	8,274.		782.	9,056.

Asset No.	Description	Date Acquired	Method	Life	C Line o No v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
46	BUILDING	09/01/80	SL	20.00	нү16	173,271.				173,271.	173,271.		0.	173,271.
47	LAND IMPROVEMENTS	09/01/80	SL	15.00	ну16	15,252.				15,252.	15,252.		0.	15,252.
52	MEMBERSHIP & ACCOUNTING SOFTWARE	08/11/97	SL	5.00	НҮ16	20,370.				20,370.	20,370.		0.	20,370.
54	DELL PC & MONITOR	08/29/97	SL	5.00	НҮ16	3,476.				3,476.	3,476.		0.	3,476.
55	NETWORK SERVER	08/08/97	SL	5.00	НҮ16	8,590.				8,590.	8,590.		0.	8,590.
56	COMPUTER NETWORK	04/24/97	SL	5.00	НҮ16	5,756.				5,756.	5,756.		0.	5,756.
57	NEC NOTEBOOK COMPUTER	11/11/96	SL	5.00	нү16	4,878.				4,878.	4,878.		0.	4,878.
58	CONFERENCE CHAIRS	06/15/96	SL	7.00	НҮ16	2,555.				2,555.	2,555.		0.	2,555.
59	STACKING CHAIRS	06/15/96	SL	7.00	нү16	423.				423.	423.		0.	423.
60	CABINETS	06/15/96	SL	7.00	НҮ16	1,702.				1,702.	1,702.		0.	1,702.
61	EXEC. DIR. DESK	05/15/96	SL	7.00	НҮ16	406.				406.	406.		0.	406.
62	CONFERENCE TABLE	01/15/96	SL	7.00	НҮ16	423.				423.	423.		0.	423.
63	PUBLISHING COMPUTER	08/15/96	SL	5.00	нү16	15,334.				15,334.	15,334.		0.	15,334.
64	PRINTER & SCANNER	01/15/96	SL	5.00	НҮ16	926.				926.	926.		0.	926.
66	EXTRAWEB SOFTWARE	08/31/01	SL	3.00	ну16	99,390.				99,390.	99,390.		0.	99,390.
67	PRINTER	08/15/95	SL	5.00	НҮ16	321.				321.	321.		0.	321.
68	AIR HANDLER	03/23/95	SL	10.00	НУ16	1,169.				1,169.	1,169.		0.	1,169.
71	CANNON FAX	06/15/96	SL	5.00	НҮ16	3,130.				3,130.	3,130.		0.	3,130.

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	COMPUTER WORKCENTER (MYRTLE'S)	08/07/93	SL	10.00	нү16	181.				181.	181.		0.	181.
73	PRINTER STAND (MYRTLE'S OFFICE)	08/07/93	SL	10.00	нү16	96.				96.	96.		0.	96.
74	CHAIR-TEAL (MYRTLE'S OFFICE)	08/07/93	SL	10.00	нү16	214.				214.	214.		0.	214.
75	DESK 30 X 60 (MYRTLE'S OFFICE)	08/07/93	SL	10.00	ну16	181.				181.	181.		0.	181.
76	BOOKCASE-OAK (MYRTLE'S OFFICE)	08/07/93	SL	10.00	ну16	52.				52.	52.		0.	52.
77	IBM LASER PRINTER 4039 10R	08/15/93	SL	5.00	ну16	2,671.				2,671.	2,671.		0.	2,671.
78	FILING CABINET (MYRTLE'S OFFICE)	08/15/93	SL	10.00	нү16	118.				118.	118.		0.	118.
80	AIR CONDITIONER CONDENSER	10/05/92	SL	10.00	нү16	1,591.				1,591.	1,591.		0.	1,591.
81	AIR CONDITIONER CONDENSER	09/16/93	SL	10.00	ну16	995.				995.	995.		0.	995.
82	SHELVING	10/22/93	SL	10.00	ну16	400.				400.	400.		0.	400.
86	ALARM SYSTEM	05/09/94	SL	5.00	ну16	440.				440.	440.		0.	440.
87	PORTABLE PRINTER	02/15/96	SL	5.00	ну16	451.				451.	451.		0.	451.
88	COMPUTER MONITORS	01/01/96	SL	5.00	нү16	1,496.				1,496.	1,496.		0.	1,496.
89	LAND - BENEVA	03/29/01	L		нч	165,793.				165,793.			0.	
90	BUILDING- BENEVA	03/29/01	SL	40.00	нү16	231,555.				231,555.	39,557.		5,789.	45,346.
91	NEW ROOF- BENEVA	06/28/01	SL	15.00	нү16	11,359.				11,359.	4,669.		757.	5,426.
92	ARCH SVCS- BENEVA	06/28/01	SL	40.00	ну16	2,360.				2,360.	374.		59.	433.
93	AIR HANDLER	02/23/01	SL	7.00	нү16	2,189.				2,189.	2,033.		156.	2,189.

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
94	PHONE SYSTEM	05/22/01	SL	7.00	нү16	22,500.				22,500.	20,089.		2,411.	22,500.
95	ADOBE S/W	11/17/00	SL	3.00	ну16	1,817.				1,817.	1,817.		0.	1,817.
96	DELL SERVER	11/17/00	SL	3.00	ну16	11,949.				11,949.	11,949.		0.	11,949.
97	GATEWAY PC	11/17/00	SL	3.00	ну16	5,003.				5,003.	5,003.		0.	5,003.
98	GATEWAY PC	11/17/00	SL	3.00	нү16	5,003.				5,003.	5,003.		0.	5,003.
99	SONY VAIO COMPUTER	11/30/00	SL	3.00	нү16	3,380.				3,380.	3,380.		0.	3,380.
100	MAVICA DIGITAL CAMERA	11/30/00	SL	3.00	нү16	2,781.				2,781.	2,781.		0.	2,781.
101	ACE SERVER	12/14/00	SL	3.00	нү16	2,500.				2,500.	2,500.		0.	2,500.
102	ADOBE SOFTWARE	01/31/01	SL	3.00	нү16	2,299.				2,299.	2,299.		0.	2,299.
103	DELL LAPTOP	02/28/01	SL	3.00	нү16	3,816.				3,816.	3,816.		0.	3,816.
104	AMS UPGRADE	03/22/01	SL	3.00	нү16	9,942.				9,942.	9,942.		0.	9,942.
105	FIREWALL	08/31/01	SL	3.00	нү16	5,000.				5,000.	5,000.		0.	5,000.
106	COLD FUSION S/W	05/25/01	SL	3.00	нү16	1,667.				1,667.	1,667.		0.	1,667.
107	INFOCAN WEB SITE	10/31/01	SL	3.00	нү16	26,325.				26,325.	26,325.		0.	26,325.
108	BUILDING RENOVATIONS	06/30/02	SL	40.00	нү16	149,766.				149,766.	19,345.		3,744.	23,089.
109	BESSIE BLDG IMPROVEMENTS	08/30/02	SL	40.00	нү16	7,511.				7,511.	939.		188.	1,127.
110	ROLAND OFFICE FURN	03/31/02	SL	7.00	нү16	2,472.				2,472.	1,913.		353.	2,266.
111	PHONE SYSTEM	03/31/02	SL	7.00	ну16	2,428.				2,428.	1,879.		347.	2,226.

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
112	FURNITURE	03/31/02	SL	7.00	нү16	2,414.				2,414.	1,869.		345.	2,214.
113	FAX/COPIER BENEVA	04/30/02	SL	5.00	ну16	358.				358.	358.		0.	358.
114	MICROWAVE	04/30/02	SL	5.00	ну16	177.				177.	177.		0.	177.
115	SERVER RACKS	04/30/02	SL	5.00	ну16	742.				742.	742.		0.	742.
116	SOFA	04/30/02	SL	5.00	нү16	732.				732.	732.		0.	732.
117	TABLE	04/30/02	SL	5.00	нү16	121.				121.	121.		0.	121.
118	CYLINDER TABLE	04/30/02	SL	5.00	нү16	92.				92.	92.		0.	92.
119	MISC FURNITURE	04/30/02	SL	5.00	нү16	258.				258.	258.		0.	258.
120	AIR HANDLER- BESSIE	06/30/02	SL	10.00	нү16	1,800.				1,800.	930.		180.	1,110.
121	NETWORKING	12/31/01	SL	5.00	нү16	5,780.				5,780.	5,780.		0.	5,780.
122	MISC	08/31/02	SL	3.00	нү16	1,734.				1,734.	1,734.		0.	1,734.
123	LAND-BESSIE	09/01/80	L		нч	29,748.				29,748.			0.	
124	PAINTING OF BESSIE BUILDING	08/29/03	SL	15.00	ну16	4,250.				4,250.	1,133.		283.	1,416.
125	RICOH COPIER	04/09/03	SL	5.00	ну16	3,400.				3,400.	3,003.		397.	3,400.
126	LABEL PRINTER	12/30/02	SL	3.00	ну16	5,392.				5,392.	5,392.		0.	5,392.
127	EXTRAWEB SYSTEM	12/05/02	SL	3.00	ну16	9,450.				9,450.	9,450.		0.	9,450.
128	LIGHTSPEED SYSTEM	04/09/03	SL	3.00	нү16	900.				900.	900.		0.	900.
129	LANDSCAPING	07/06/04	SL	5.00	ну16	4,275.				4,275.	2,708.		855.	3,563.

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
130	NEOPOST FOLDER/STUFFER	09/24/03	SL	5.00	нү16	4,895.				4,895.	3,834.		979.	4,813.
131	AIR HANDLER	10/30/03	SL	5.00	ну16	1,936.				1,936.	1,484.		387.	1,871.
132	DELL LATITUDE LAPTOP	01/14/04	SL	3.00	НҮ16	2,679.				2,679.	2,679.		0.	2,679.
133	DELL DIMENSION XPS DESKTOP	12/08/03	SL	3.00	нү16	2,004.				2,004.	2,004.		0.	2,004.
134	2 DELL DIMENSION XPS DESKTOPS	06/11/04	SL	3.00	нү16	5,154.				5,154.	5,154.		0.	5,154.
135	IBM THINKPAD & ACCESSORIES	07/14/04	SL	3.00	нү16	4,088.				4,088.	4,088.		0.	4,088.
136	LIGHTNING & SURGE PROTECTION	06/15/04	SL	3.00	нү16	4,438.				4,438.	4,438.		0.	4,438.
137	HURRICANE WINDOW FILM	07/14/05	SL	5.00	нү16	9,685.				9,685.	4,197.		1,937.	6,134.
138	DELL LATITUDE LAPTOP COMPUTER	03/31/05	SL	3.00	нү16	2,175.				2,175.	1,752.		423.	2,175.
139	2 DELL DIMENSION XPS DESKTOPS	12/17/04	SL	3.00	нү16	5,282.				5,282.	4,696.		586.	5,282.
140	DELL SERVER	08/25/05	SL	5.00	ну16	12,438.				12,438.	4,976.		2,488.	7,464.
141	LENOVO THINK PAD T43P	08/30/06	SL	3.00	ну16	3,688.				3,688.	1,229.		1,229.	2,458.
142	GP SOFTWARE AND SUPPORT	09/30/05	SL	3.00	ну16	18,535.				18,535.	11,841.		6,178.	18,019.
143	ROOF REPAIRS - SHEWSKI ROOFING	11/30/06	SL	39.00	MM16	2,540.				2,540.	49.		65.	. 114.
144	(2) CABINETS W/COUNTER TOPS	04/27/07	SL	10.00	нү16	2,290.				2,290.	76.		229.	305.
145	CONDENSING UNIT #110408	10/05/06	SL	10.00	HY16	1,864.				1,864.	171.		186.	357.
146	CONDENSING UNIT #110409	10/05/06	SL	10.00	НҮ16	2,177.				2,177.	200.		218.	418.
147	CLEARVANTAGE SOFTWARE-INCLUSIVE OF TRAINI	03/01/07	SL	5.00	HY16	197,432.				197,432.	19,743.		39,486.	. 59,229.

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
148	DELL PRECISION M65 SYSTEM, 15.4 INCH LCD	11/07/06	SL	3.00	нү16	3,352.				3,352.	931.		1,117.	2,048.
149	DELL POWER EDGE 2900 SYSTEM	12/07/06	SL	3.00	нү16	9,951.				9,951.	2,488.		3,317.	5,805.
150	XPS 710 BLACK W/20" ULTRASHARP MONITOR	02/01/07	SL	3.00	НҮ16	2,430.				2,430.	473.		810.	1,283.
151	ZIPCODE SEARCH SOFTWARE	02/19/07	SL	5.00	нү16	40.				40.	4.		8.	12.
152	OPTIPLEX 745 ULTRA SMALL FORM FACTOR SYSTEM	03/02/07	SL	3.00	НҮ16	1,307.				1,307.	218.		436.	654.
153	OPTIPLEX 745 ULTRA SMALL FORM FACTOR SYSTEM	03/02/07	SL	3.00	НҮ16	1,293.				1,293.	216.		431.	647.
154	MICROSOFT SQL SERVER 2000 LICENSE (QTY OF 20)	12/07/06	SL	3.00	НҮ16	3,050.				3,050.	762.		1,017.	1,779.
155	MICROSOFT SQL SERVER 2000 SERVICE PACK FOR SERVER	12/07/06	SL	5.00	ну16	827.				827.	124.		165.	289.
156	SOFTWARE/ACQUISITION CONSULTING	03/01/07	SL	5.00	НҮ16	32,251.				32,251.	3,225.		6,450.	9,675.
157	DELL LASER PRINTER 1710N	04/14/07	SL	3.00	ну16	239.				239.	33.		80.	113.
158	A/C BENEVA RD	04/01/08	SL	10.00	ну16	5,470.				5,470.			228.	228.
159	AIR HANDLER	10/01/07	SL	10.00	ну16	1,888.				1,888.			173.	173.
160	PHONE SYSTEM	11/01/07	SL	7.00	НҮ16	6,215.				6,215.			740.	740.
161	DESK	01/01/08	SL	7.00	НҮ16	1,109.				1,109.			106.	106.
162	CANON IRC51851 COPIER	03/01/08	SL	5.00	ну16	15,000.				15,000.			1,500.	1,500.
163	2- DELL COMPUTER	12/01/07	SL	5.00	НҮ16	1,982.				1,982.			297.	297.
164	DELL COMPUTER	12/01/07	SL	5.00	НҮ16	991.				991.			149.	149.
165	DELL 20" MONITOR	12/01/07	SL	5.00	нү16	469.				469.			70.	70.

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
166	CDW SONY LAPTOP	01/01/08	SL	5.00	нү16	4,201.				4,201.			560.	560.
167	2 - DELL MONITORS	02/01/08	SL	5.00	ну16	844.				844.			98.	98.
168	COMPUTER EQUIPMENT	03/01/08	SL	5.00	нү16	4,811.				4,811.			481.	481.
169	7 - CDW ADOBE CREATIVE SOFTWARE	11/01/07	SL	5.00	ну16	3,548.				3,548.			591.	591.
	1- CDW ADOBE COLD FUSION SOFTWARE	11/01/07	SL	5.00	ну16	871.				871.			145.	145.
171	25 CDW OFFICE 2007 LICENSE	04/01/08	SL	3.00	нү16	2,203.				2,203.			306.	306.
172	16- APC BACKUPS	05/01/08	SL	5.00	нү16	1,894.				1,894.			126.	126.
173	2- DELL 20" MONITORS	05/01/08	SL	5.00	ну16	798.				798.			53.	53.
174	1- DELL COMPUTER	05/01/08	SL	5.00	нү16	1,718.				1,718.			115.	115.
175	AWNINGS - SUN STATE AWNINGS INC.	07/01/08	SL	10.00	ну16	3,400.				3,400.			57.	57.
176	DELL OPTIPLEX WORKSTATION	08/01/08	SL	5.00	нү16	1,200.				1,200.			20.	20.
177	DELL 20" ULTRASHARP MONITOR	08/01/08	SL	5.00	ну16	399.				399.			7.	7.
178	RHLE DIRECTORY DATA FILES FOR ACCESS DATABASE	08/01/08	SL	3.00	нү16	7,500.				7,500.			208.	208.
	* TOTAL 990 PAGE 2 DEPR					1,659,516.				1,659,516.	788,708.		91,153.	879,861.

FORM 990	ОТНЕ	REXPENSES		STATEMENT 1
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
INSURANCE	40,387.	15,077.	25,310.	
BANK FEES	93,712.	55,824.	37,888.	
PROFESSIONAL FEES	856,705.	641,474.	215,231.	
UTILITIES	18,149.	9,806.	8,343.	
DUES & SUBSCRIPTIONS	8,135.	2,800.	5,335.	
TAXES	30,571.	11,822.	18,749.	
EVENT COORDINATOR	50,347.	49,659.	688.	
MISCELLANEOUS	164,584.	133,545.	31,039.	
AWARDS	78,403.	78,403.		
TOTAL TO FM 990, LN 43	1,340,993.	998,410.	342,583.	
FORM 990 STATEMENT OF	'ORGANIZATION'	S PRIMARY EXE	MPT PURPOSE	STATEMENT 2

#### **EXPLANATION**

TO PROVIDE AND PROMOTE EDUCATIONAL SUPPORT IN ACCOUNTING EDUCATION, RESEARCH AND PRACTICE.

PART III

FORM 990	DEPRECIATION	OF	ASSETS	NOT	HELD	FOR	INVESTMENT	STATEMENT	3
DESCRIPTION			O'		r or Basis	5	ACCUMULATED DEPRECIATION	BOOK VALU	E
DELL COMPUTER					4,22		4,222.		0.
FILE CABINETS					41	L1.	411.		0.
DELL COMPUTER					3,71		3,710.		0.
TOSHIBA LAPTO	P				2,55	50.	2,550.		0.
CANNON COPIER	IR330				13,53	31.	13,531.		0.
FILE CABINETS					20	01.	201.		0.
CHAIR/3 FILE	CABINETS				4(	08.	408.		0.
CANNON COPIER	C2100CS				14,92	25.	14,925.		0.
1 FILE CABINE	T				11	LO.	110.		0.
A/C IMPROVEME	NTS				7,75	54.	7,754.		0.
GATEWAY COMPU	TER				4,10	05.	4,105.		0.
1 FILE CABINE	T				54	<b>17.</b>	547.		0.
2 FILE CABINE	TS				5(	08.	508.		0.
GATEWAY COMPU	TER				4,10	05.	4,105.		0.
DELL COMPUTER					2,84		2,843.		0.

AMERICAN ACCOUNTING ASSOCIATION			39-0030100
WEB SERVER	1,378.	1,378.	0.
DESKS	2,550.	2,295.	255.
WEB SERVER	9,976.	9,976.	0.
2 DELL COMPUTERS	7,985.	7,985.	0.
WEB SERVER	1,500.	1,500.	0.
TABLE/FILE/CHAIR	340.	340.	0.
AMS SOFTWARE	3,000.	3,000.	Ŏ.
FILE CABINET	31.	31.	Ŏ.
1 BOOKCASE	63.	63.	Ŏ.
MICROWAVE	81.	81.	Ŏ.
2 FILE CABINETS	201.	201.	0.
DELL COMPUTER	3,563.	3,563.	0.
VIDEO CARD	1,137.	1,137.	0.
CAMCORDER	2,125.	2,125.	0.
DRACO VIDEO EDITOR	6,190.	6,190.	0.
2 DELL COMPUTERS	7,824.	7,824.	0.
DELL COMPUTER -LAPTOP	4,907.	4,907.	0.
HP LASER PRINTER	3,291.	3,291.	0.
AMS SOFTWARE	4,536.	4,536.	0.
AMS SOFTWARE	5,334.	5,334.	0.
ROOF REPLACEMENT	11,727.	9,056.	2,671.
BUILDING	173,271.	173,271.	0.
LAND IMPROVEMENTS	15,252.	15,252.	0.
MEMBERSHIP & ACCOUNTING			
SOFTWARE	20,370.	20,370.	0.
DELL PC & MONITOR	3,476.	3,476.	0.
NETWORK SERVER	8,590.	8,590.	0.
COMPUTER NETWORK	5,756.	5,756.	0.
NEC NOTEBOOK COMPUTER	4,878.	4,878.	0.
CONFERENCE CHAIRS	2,555.	2,555.	0.
STACKING CHAIRS	423.	423.	0.
CABINETS	1,702.	1,702.	0.
EXEC. DIR. DESK	406.	406.	0.
CONFERENCE TABLE	423.	423.	0.
PUBLISHING COMPUTER	15,334.	15,334.	0.
PRINTER & SCANNER	926.	926.	0.
EXTRAWEB SOFTWARE	99,390.	99,390.	0.
PRINTER	321.	321.	0.
AIR HANDLER	1,169.	1,169.	0.
CANNON FAX	3,130.	3,130.	0.
COMPUTER WORKCENTER (MYRTLE'S)	181.	181.	0.
PRINTER STAND (MYRTLE'S			
OFFICE)	96.	96.	0.
CHAIR-TEAL (MYRTLE'S OFFICE)	214.	214.	Ŏ.
DESK 30 X 60 (MYRTLE'S OFFICE)	181.	181.	Ŏ.
BOOKCASE-OAK (MYRTLE'S OFFICE)	52.	52.	0.
IBM LASER PRINTER 4039 10R	2,671.	2,671.	0.
FILING CABINET (MYRTLE'S	2,071.	2,071•	0.
OFFICE)	118.	118.	Λ
			0.
AIR CONDITIONER CONDENSER	1,591.	1,591.	0.
AIR CONDITIONER CONDENSER	995.	995.	0.
SHELVING	400.	400.	0.
ALARM SYSTEM	440.	440.	0.

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PORTABLE PRINTER	451.	451.	0.
COMPUTER MONITORS	1,496.	1,496.	0.
LAND - BENEVA	165,793.	0.	165,793.
BUILDING- BENEVA	231,555.	45,346.	186,209.
NEW ROOF- BENEVA	11,359.	5,426.	5,933.
ARCH SVCS- BENEVA	2,360.	433.	1,927.
AIR HANDLER	2,189.	2,189.	0.
PHONE SYSTEM	22,500.	22,500.	0.
ADOBE S/W	1,817.	1,817.	0.
DELL SERVER	11,949.	11,949.	0.
		5,003.	
GATEWAY PC	5,003.		0.
GATEWAY PC	5,003.	5,003.	0.
SONY VAIO COMPUTER	3,380.	3,380.	0.
MAVICA DIGITAL CAMERA	2,781.	2,781.	0.
ACE SERVER	2,500.	2,500.	0.
ADOBE SOFTWARE	2,299.	2,299.	0.
DELL LAPTOP	3,816.	3,816.	0.
AMS UPGRADE	9,942.	9,942.	0.
FIREWALL	5,000.	5,000.	0.
COLD FUSION S/W	1,667.	1,667.	0.
INFOCAN WEB SITE	26,325.	26,325.	0.
BUILDING RENOVATIONS	149,766.	23,089.	126,677.
BESSIE BLDG IMPROVEMENTS	7,511.	1,127.	6,384.
ROLAND OFFICE FURN	2,472.	2,266.	206.
PHONE SYSTEM	2,428.	2,226.	202.
FURNITURE	2,414.	2,214.	200.
FAX/COPIER BENEVA	358.	358.	0.
MICROWAVE	177.	177.	0.
SERVER RACKS	742.	742.	0.
SOFA	732.	732.	0.
TABLE	121.	121.	0.
CYLINDER TABLE	92.	92.	0.
MISC FURNITURE	258.	258.	0.
AIR HANDLER- BESSIE	1,800.	1,110.	690.
NETWORKING	5,780.	5,780.	0.
MISC	1,734.	1,734.	0.
		•	29,748.
LAND-BESSIE	29,748.	1 416	
PAINTING OF BESSIE BUILDING	4,250.	1,416.	2,834.
RICOH COPIER	3,400.	3,400.	0.
LABEL PRINTER	5,392.	5,392.	0.
EXTRAWEB SYSTEM	9,450.	9,450.	0.
LIGHTSPEED SYSTEM	900.	900.	0.
LANDSCAPING	4,275.	3,563.	712.
NEOPOST FOLDER/STUFFER	4,895.	4,813.	82.
AIR HANDLER	1,936.	1,871.	65.
DELL LATITUDE LAPTOP	2,679.	2,679.	0.
DELL DIMENSION XPS DESKTOP	2,004.	2,004.	0.
2 DELL DIMENSION XPS DESKTOPS	5,154.	5,154.	0.
IBM THINKPAD & ACCESSORIES	4,088.	4,088.	0.
LIGHTNING & SURGE PROTECTION	4,438.	4,438.	0.
HURRICANE WINDOW FILM	9,685.	6,134.	3,551.
DELL LATITUDE LAPTOP COMPUTER	2,175.	2,175.	0.
2 DELL DIMENSION XPS DESKTOPS	5,282.	5,282.	0.
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AMERICAN ACCOUNTING ASSOCIATION			39-6030166
DELL SERVER	12,438.	7,464.	4,974.
LENOVO THINK PAD T43P	3,688.	2,458.	1,230.
GP SOFTWARE AND SUPPORT	18,535.	18,019.	516.
ROOF REPAIRS - SHEWSKI ROOFING	2,540.	114.	2,426.
(2) CABINETS W/COUNTER TOPS	2,290.	305.	1,985.
CONDENSING UNIT #110408	1,864.	357.	1,507.
CONDENSING UNIT #110409	2,177.	418.	1,759.
CLEARVANTAGE			
SOFTWARE-INCLUSIVE OF TRAINING	107 100	<b>50.000</b>	100 000
EXP	197,432.	59,229.	138,203.
DELL PRECISION M65 SYSTEM,	2 252	0 040	1 204
15.4 INCH LCD	3,352.	2,048.	1,304.
DELL POWER EDGE 2900 SYSTEM	9,951.	5,805.	4,146.
XPS 710 BLACK W/20" ULTRASHARP	2 130	1 000	1 1 4 7
MONITOR	2,430.	1,283.	1,147.
ZIPCODE SEARCH SOFTWARE	40.	12.	28.
OPTIPLEX 745 ULTRA SMALL FORM	1 207	654.	653.
FACTOR SYSTEM OPTIPLEX 745 ULTRA SMALL FORM	1,307.	654.	033.
FACTOR SYSTEM	1,293.	647.	646.
MICROSOFT SQL SERVER 2000	1,293.	047.	040.
LICENSE (QTY OF 20)	3,050.	1,779.	1,271.
MICROSOFT SQL SERVER 2000	3,030.	1,119.	1,2/1•
SERVICE PACK FOR SERVER	827.	289.	538.
SOFTWARE/ACQUISITION	027.	207•	550•
CONSULTING	32,251.	9,675.	22,576.
DELL LASER PRINTER 1710N	239.	113.	126.
A/C BENEVA RD	5,470.	228.	5,242.
AIR HANDLER	1,888.	173.	1,715.
PHONE SYSTEM	6,215.	740.	5,475.
DESK	1,109.	106.	1,003.
CANON IRC5185I COPIER	15,000.	1,500.	13,500.
2- DELL COMPUTER	1,982.	297.	1,685.
DELL COMPUTER	991.	149.	842.
DELL 20" MONITOR	469.	70.	399.
CDW SONY LAPTOP	4,201.	560.	3,641.
2 - DELL MONITORS	844.	98.	746.
COMPUTER EQUIPMENT	4,811.	481.	4,330.
7 - CDW ADOBE CREATIVE			
SOFTWARE	3,548.	591.	2,957.
1- CDW ADOBE COLD FUSION			
SOFTWARE	871.	145.	726.
25 CDW OFFICE 2007 LICENSE	2,203.	306.	1,897.
16- APC BACKUPS	1,894.	126.	1,768.
2- DELL 20" MONITORS	798.	53.	745.
1- DELL COMPUTER	1,718.	115.	1,603.
AWNINGS - SUN STATE AWNINGS			
INC.	3,400.	57.	3,343.
DELL OPTIPLEX WORKSTATION	1,200.	20.	1,180.
DELL 20" ULTRASHARP MONITOR	399.	7.	392.
RHLE DIRECTORY DATA FILES FOR	7 500	200	7 000
ACCESS DATABASE	7,500. 	208.	7,292.
TOTAL TO FORM 990, PART IV, LN 57	1,659,516.	879,861.	779,655.

STATEMENT

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
TRACEY E SUTHERLAND 5717 BESSIE DR SARASOTA, FL 34233	EXECUTIVE DIRECT		10,383.	0
ROLAND J LATULIP 5717 BESSIE DR SARASOTA, FL 34233	DIR OF FINANCE 40.00	& ADMIN 74,370.	4,946.	0
SHYAM SUNDER YALE UNIVERSITY NEW HAVEN, CT 06520	PAST PRESIDENT 5.00	0.	0.	0
GARY J. PREVITS CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH 44106	PRESIDENT 5.00	0.	0.	0
PHILIP M. J. RECKERS ARIZONA STATE UNIVERSITY FEMPE, AZ 85069	VICE PRESIDENT 5.00	- EDUCATION 0.		0
JOSEPH V. CARCELLO UNIVERSITY OF TENNESSEE KNOXVILLE, TN 37996	VICE PRESIDENT 5.00	- FINANCE 0.	0.	0
SIDNEY GRAY UNIVERSITY OF SYDNEY DARLINGTON, AUSTRALIA	VP - INTERNATION 5.00	ONAL 0.	0.	0
ROBERT J DAUGHERTY PRICE WATERHOUSE COOPERS NEW YORK, NY 10036	VP - PROF RELAT	rions 0.	0.	0
DAVID BURGSTAHLER UNIVERSITY OF WASHINGTON SEATTLE, WA 98195	VP - PUBLICATION 5.00	ONS	0.	0
ARNOLD WRIGHT NORTHEASTERN UNIVERSITY BOSTON, MA 02115	VICE PRESIDENT 5.00	- RESEARCH 0.	0.	0
MARK HIGGINS UNIVERSITY OF RHODE ISLAND KINGSTON, RI 02881	VP - SECTIONS 8	REGIONS 0.	0.	0

AMERICAN ACCOUNTING ASSOCIATION	I		39	-6030166
JANE SALY UNIVERSITY OF ST. THOMAS MINNEAPOLIS, MN 55105	VICE PRESIDENT 5.00	0.	0.	0.
SUSAN HAKA MICHIGAN STATE UNIVERSITY EAST LANSING, MI 48824	PRESIDENT - ELE 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART		225,811.	15,329.	0.
FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 5 ACCOMPLISHMENT OF EXEMPT PURPOSES				
LINE EXPLANATION OF RELATIONSHI	P OF ACTIVITIES			
93 ALL ITEMS OF INCOME ON LIN PROVISION OF EDUCATIONAL S MEETINGS	JE 93A, 93C, 93D, SERVICES TO MEMBER			

94 MEMBERSHIP DUES PROVIDE FURTHER EDUCATIONAL MATERIALS TO MEMBERS