

Form **990-EZ**
 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 black lung benefit trust or private foundation)

OMB No 1545-1150
2009
Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ASSOCIATION OF GOVERNMENT ACCOUNTANTS <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 198025 <hr/> City or town, state or country, and ZIP + 4 Nashville, TN 372198025	D Employer identification number 62-1079077 <hr/> E Telephone number (615) 747-5262 <hr/> F Group Exemption Number ▶ 3409
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▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
 Other (specify) ▶

I Website: ▶ www.NashvilleAGA.org

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — 501(c)(6) (Insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 47,235

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	261
	2 Program service revenue including government fees and contracts	2	44,138
	3 Membership dues and assessments	3	1,772
	4 Investment income	4	964
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
Revenue	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ▶)	8	100	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	47,235
Expenses	10 Grants and similar amounts paid (attach schedule)	10	4,288
	11 Benefits paid to or for members	11	34,897
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	187
	16 Other expenses (describe ▶)	16	2,966
	17 Total expenses. Add lines 10 through 16	17	42,338
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,897
	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	67,880
	20 Other changes in net assets or fund balances (attach explanation ▶)	20	25
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	72,802

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	69,280	22	72,791
23 Land and buildings	0	23	0
24 Other assets (describe ▶)	582	24	11
25 Total assets	69,862	25	72,802
26 Total liabilities (describe ▶)	1,982	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,880	27	72,802

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

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

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a 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?

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 period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) 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

41 List the states with which a copy of this return is filed _____

42a The organization's books are in care of **Hellens Tamimi** Telephone no **(615) 401-7897**
 16th Floor James K Polk Bldg
 505 Deaderick Street
 Located at **Nashville, TN** ZIP + 4 **37243**

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)?
 If "Yes," enter the name of the foreign country _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If "Yes," enter the name of the foreign country _____

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**

44 Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*

33		No
34		No
35a		No
35b		
36		No
37b		No
38a		No
39a		
39b		
40b		
40e		No
42b	Yes	No
42c		No
44	Yes	No
45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: 2010-11-10

Melvin Jones President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 62-1079077

Name: ASSOCIATION OF GOVERNMENT ACCOUNTANTS

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Karen Hale PO Box 198025 Nashville, TN 372198025	President 10	0	0	0
Melvin Jones PO Box 198025 Nashville, TN 372198025	President-elect 8	0	0	0
Hellens Tamimi PO Box 198025 Nashville, TN 372198025	Treasurer 10	0	0	0
Kathy Anderson PO Box 198025 Nashville, TN 372198025	Immediate Past President 2	0	0	0
Shirley Henry PO Box 198025 Nashville, TN 372198025	Secretary 3	0	0	0

TY 2009 Other Assets Schedule

Name: ASSOCIATION OF GOVERNMENT ACCOUNTANTS

EIN: 62-1079077

Software ID: 09000073

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
accounts receivable	386	11
Interest receivable	196	

TY 2009 Other Changes in Net Assets Schedule

Name: ASSOCIATION OF GOVERNMENT ACCOUNTANTS

EIN: 62-1079077

Software ID: 09000073

Software Version: v1.00

Description	Amount
Other Revenues	25

TY 2009 Other Expenses Schedule

Name: ASSOCIATION OF GOVERNMENT ACCOUNTANTS

EIN: 62-1079077

Software ID: 09000073

Software Version: v1.00

Description	Amount
Chapter Admin--CEC Meetings	1,620
Chapter Admin--Credit card processing fee	30
Chapter Admin--Travel to PDC	1,316

TY 2009 Other Liabilities Schedule

Name: ASSOCIATION OF GOVERNMENT ACCOUNTANTS

EIN: 62-1079077

Software ID: 09000073

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	1,982	0

TY 2009 Other Revenues Schedule

Name: ASSOCIATION OF GOVERNMENT ACCOUNTANTS

EIN: 62-1079077

Software ID: 09000073

Software Version: v1.00

Description	Amount
Balance Transferred from Web Account	100