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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

2006

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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 2006 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS US CENTER Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 150 E 52ND STREET 19002 City or town, state or country, and ZIP + 4 NEW YORK, NY 10022
D Employer identification number 95-4172967	E Telephone number 212 310-0105
F Group Exemption Number ▶	

• 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: ▶ HTTP://USA.ACCAGLOBAL.COM	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **55,051.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	55,051.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	55,051.	
Expenses	10 Grants and similar amounts paid	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	50,712.
17 Total expenses (add lines 10 through 16)	17	50,712.	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	4,339.
	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	2,931.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	7,270.

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

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,931.	7,270.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	2,931.	7,270.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,931.	7,270.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2006)

Form 990-EZ (2006) **ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS US CENTER**

95-4172967 Page 2

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? SEE STATEMENT 2		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	ACCA US IS COMMITTED TO MAINTAINING ON-GOING CONTACT WITH MEMBERS AND STUDENTS THROUGH A SERIES OF CHAPTER MEETINGS AND EVENTS THROUGHOUT THE COUNTRY.	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 43,873.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 43,873.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(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
CLAUDE BIRCH, FCCA	PRESIDENT			
150 E 52ND STREET, STE 19002, NEW YOR	2.00	0.	0.	0.
PREM GOYAL	VICE PRESIDENT			
150 E 52ND STREET, STE 19002, NEW YOR	2.00	0.	0.	0.
AMELIA CHIN	TREASURER			
150 E 52ND STREET, STE 19002, NEW YOR	2.00	0.	0.	0.
HOHKOON AUYEONG, FCCA	COMMITTEE MEMBER			
150 E 52ND STREET, STE 19002, NEW YOR	2.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
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 unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations. Enter:		
a	Inflation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A

Form 990-EZ (2006)

**ASSOCIATION OF CHARTERED CERTIFIED
ACCOUNTANTS US CENTER**

Form 990-EZ (2007) 95-4172967 Page 2

Part III Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a **501(c)(3) organizations.** Enter amount of tax imposed on the organization during the year under:

section 4911 N/A; section 4912 N/A; section 4955 N/A

b **501(c)(3) and (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 an explanation

	Yes	No
40b	N/A	

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter amount of tax on line 40c reimbursed by the organization 0.

e **All organizations.** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40e		X

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

42a The books are in care of **PATRICIA LIMOGES** Telephone no. **212 310-0105**

Located at **150 EAST 52 STREET #19002, NEW YORK, NY** ZIP + 4 **10022**

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)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

	Yes	No
42c		X

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 43 N/A

and enter the amount of tax-exempt interest received or accrued during the tax year 0.

Preparer's Signature

Under penalty 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.

Patricia A. Limoges Sept 20, 2011

PATRICIA A. LIMOGES, NEAR, MEMBER AFFAIRS

Type or print name and title

Preparer's Information

Preparer's signature Date: 09/29/09 Check if self-employed ☐ Preparer's BEIN or PTIN **P00748170**

Firm's name (or yours if self-employed) **SINGERLEWAK LLP** EIN **95-2302617**

Address and ZIP + 4 **10960 WILSHIRE BLVD. SUITE 1100** Phone no. **(310) 477-3924**

LOS ANGELES, CALIFORNIA 90024-3783

Form 990-EZ (2007)

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ASSOCIATION OF CHARTERED CERTIFIED ACCOU

95-4172967

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK FEES		90.	
MEETING EXPENSE		43,873.	
INSURANCE		1,357.	
NEWSLETTER		4,146.	
STUDENT AWARDS		1,246.	
TOTAL TO FORM 990-EZ, LINE 16		50,712.	

FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	2
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EXPLANATION

TO PROVIDE OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT, AND NETWORKING EVENTS
TO ADDRESS ISSUES OF RECIPROCITY, ESTABLISH EDUCATIONAL EQUIVALENCY
AND PROMOTE EMPLOYMENT OPPORTUNITIES.
TO ACHIEVE RECOGNITION IN THE MARKETPLACE FOR THE VALUABLE CONTRIBUTION
IT MAKES TO THE GLOBAL ECONOMY AND WORKFORCE THROUGH THE EFFECTIVE
DISTRIBUTION OF INFORMATION TO TARGETED ORGANIZATIONS AND INDIVIDUALS
THROUGHOUT THE US WITH REGULAR FOLLOW UP.

ASSOCIATION OF CHARTERED CERTIFIED ACCOU

95-4172967

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO