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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)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 06-01-2008 , and ending 05-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3353 PEACHTREE ROAD NE NORTH TOWER No 400

City or town, state or country, and ZIP + 4
ATLANTA, GA 303261414

D Employer identification number
91-2020467

E Telephone number
(404) 231-8676

F Group Exemption Number ▶ 8106

*** *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 GSCPA ORG

J Organization type (check only one) — ☑ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 362,355

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	150,121
	3	Membership dues and assessments		3	209,247
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	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 (Subtract line 6b from line 6a)		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 (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	2,987
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	362,355
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	206,691
	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	3,297
	16	Other expenses (describe ▶)		16	137,799
	17	**Total expenses** (add lines 10 through 16) ▶		17	347,787
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,568
	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	302,666
	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	317,234

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 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	302,666	22	316,734
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	500
25	**Total assets**	302,666	25	317,234
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	302,666	27	317,234

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO ACT ON BEHALF OF ITS MEMBERS, PROMOTE & MAINTAIN HIGH PROFESSIONAL STANDARDS, AND ADVOCATE & PROTECT THE INTERESTS AND SERVE THE NEEDS OF THE GEORGIA SOCIETY OF CPAS

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

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

28 CHAPTER MEETINGS AND OTHER CHAPTER EXPENSES - 22 CHAPTERS CONDUCTED MONTHLY MEETINGS AND CONTINUING EDUCATION PROGRAMS THROUGHOUT THE STATE OF GEORGIA (Grants $ 0)	If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	0
29 (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶		**32**	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

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

			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		No
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		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, 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		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) 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," complete Schedule L, Part I.*	40b		
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?	40e		No

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

42a The books are in care of ▶ LLOYD V MCCREARY Telephone no ▶ (404) 504-2953

Located at ▶ 3353 PEACHTREE RD NE N TOWER SUITE 400 ATLANTA, GA ZIP + 4 ▶ 303261414

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **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 ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

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

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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	**46**		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization(s) a section 527 organization?	**49b**		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are 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
Total number of other employees paid over $100,000 ▶				

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

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors 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 — 2010-03-30 — Date

GARY JULIAN CHIEF EXECUTIVE OFFICER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
FRANK KIMLER			

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FRAZIER & DEETER LLC, 600 PEACHTREE STREET SUITE 1900, ATLANTA, GA 30308

EIN ▶

Phone no ▶ (404) 253-7500

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 91-2020467
Name: GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC

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
Ralph E Bland Coastal Georgia Chapter St Simons Island, GA 31522	President 1 00	0	0	0
Michael J Broughton Atlanta Chapter Tucker, GA 30084	president 1 00	0	0	0
Bradford C Clements Columbus Chapter Columbus, GA 319049999	president 1 00	0	0	0
Lawrence M Cohen North Perimeter Chapter Atlanta, GA 30346	president 1 00	0	0	0
Lisa L Conti-Bacon Savannah Chapter Savannah, GA 31404	president 1 00	0	0	0
RA DeLoach Jr Valdosta Chapter Valdosta, GA 31605	president 1 00	0	0	0
Walter C Etterlee II Augusta Chapter Augusta, GA 30901	president 1 00	0	0	0
Lee Ellen Fields Northeast Georgia Chapter Toccoa, GA 305772105	president 1 00	0	0	0
TH Fountain Albany Chapter Alnbany, GA 317030728	president 1 00	0	0	0
Michael W Gardner Northwest Georgia Chapter Dalton, GA 307221710	president 1 00	0	0	0
Mario D Heard Southside Chapter Atlanta, GA 30313	president 1 00	0	0	0
Jerry D Maxwell Southwest Georgia Chapter Bainbridge, GA 39818	president 1 00	0	0	0
Jack Milner Gwinnett Chapter Duluth, GA 300967730	president 1 00	0	0	0
David P Muse Jr Middle Georgia Chapter Macon, GA 31202	president 1 00	0	0	0
Louis D Olin Dekalb Chapter Atlanta, GA 303453887	president 1 00	0	0	0
James H Ray North Atlanta Chapter Alpharetta, GA 30004	president 1 00	0	0	0
Brad T Reeder Rome Chapter Rome, GA 30165	president 1 00	0	0	0
Geoffrey M Rhines Atlanta Chapter Atlanta, GA 30305	president 1 00	0	0	0
William P Rountree Jr Southeast georgia Chapter Statesboro, GA 30458	president 1 00	0	0	0
Carole G Simmons Heart of Georgia Chapter Dublin, GA 310214152	president 1 00	0	0	0
Christine A Swanson West Georgia Chapter Carrollton, GA 30117	president 1 00	0	0	0
Eddie F Thomas Waycross Chapter Newberry, FL 326694991	president 1 00	0	0	0

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TY 2008 Other Assets Schedule

Name: GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC

EIN: 91-2020467

Description	Beginning of Year Amount	End of Year Amount
Other Assets	0	500

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TY 2008 Other Expenses Schedule

Name: GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC

EIN: 91-2020467

Description	Amount
Other Grants & Publications	101,600
Travel	12,115
Education Foundation	16,500
Bank Charges	325
Miscellaneous	5,869
Meals	1,390

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TY 2008 Other Revenues Schedule

Name: GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC

EIN: 91-2020467

Description	Amount
Interest Income	2,987

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TY 2008 Transfers Personal Benefits Contracts Declaration

Name: GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC

EIN: 91-2020467

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.