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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ 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 , 2009, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization INTERNATIONAL ASSOCIATION FOR ACCOUNTING EDUCATION & RESEARCH	<b>D</b> Employer identification number 03-0491118
	Number and street (or P O box, if mail is not delivered to street address) DE PAUL UNIVERSITY, 1 E JACKSON BLVD	Room/suite 6000
	City or town, state or country, and ZIP + 4 CHICAGO, IL 60604	
	<b>E</b> Telephone number (312) 362-6624	
<b>F</b> 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:** ▶ WWW.IAAER.ORG

**J** Tax-exempt status (check only one) - ☒ 501(c) (3) (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 . . . ▶ \$ 248,624.

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	197,618.
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	47,357.
	4	Investment income . . . . .	4	3,649.
	5a	Gross amount from sale of assets other than inventory . . . . .		
	5b	Less cost or other basis and sales expenses . . . . .		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . .		
	6a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	
6b	Less direct expenses other than fundraising expenses . . . . .	6b		
6c	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		
7b	Less cost of goods sold . . . . .	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶ ) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	248,624.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule) . . . . .	10	94,050.
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	0.
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	200.
	16	Other expenses (describe ▶ ) . . . . .	16	88,256.
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	182,506.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	66,118.
	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	204,144.
	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	270,262.

**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 . . . . .	204,144.	270,262.
23 Land and buildings . . . . .		
24 Other assets (describe ▶ ) . . . . .		
25 <b>Total assets</b> . . . . .	204,144.	270,262.
26 <b>Total liabilities</b> (describe ▶ ) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	204,144.	270,262.

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

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

What is the organization's primary exempt purpose? ATCH 5

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, and other relevant information for each program title.

28	COMMUNICATING WITH INDIVIDUAL MEMBERS AND ACADEMIC AND PROFESSIONAL ASSOCIATION MEMBERS THROUGH THE IAAER NEWSLETTER, THE IAAER WEBSITE, AND OTHER MEANS.		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶	28a	52,179.
29	PARTICIPATING IN THE DEVELOPMENT OF INTERNATIONAL ACCOUNTING EDUCATION STANDARDS THROUGH REPRESENTATION ON THE INTERNATIONAL ACCOUNTING EDUCATION STANDARDS BOARD		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶	29a	33,835.
30	COMMISSIONING RESEARCH PROJECTS IN COLLABORATION WITH SPONSORS THAT CONTRIBUTE TO THE DEVELOPMENT OF ADVANCES IN INTERNATIONAL ACCOUNTING AND EDUCATIONAL STANDARDS		
	(Grants \$ 94,050. ) If this amount includes foreign grants, check here . . . . . ▶	30a	94,050.
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	180,064.

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

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b> 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		
<b>a</b> 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? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> 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 . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> 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? . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</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 . . . . .		X
<b>c</b> 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 . . . . . ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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 . . . . .		X
<b>41</b> List the states with which a copy of this return is filed ▶ IL,		
<b>42a</b> The organization's books are in care of ▶ JOHN AHERN Telephone no ▶ 312-362-6624		
Located at ▶ 1 EAST JACKSON BOULEVARD CHICAGO, IL ZIP + 4 ▶ 60604		
<b>b</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)? . . . . .		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b> 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 . . . . .		X

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**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.

- 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** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ Yes ☒ No
- 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
NONE				

f Total number of other employees paid over \$100,000 . . . . . **NONE**

- 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
NONE		

d Total number of other independent contractors receiving over \$100,000 . . . . . **NONE**

<b>Sign Here</b>	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.		
	<p>Signature of officer: <u>John T. Ahern Jr</u> Date: <u>11/15/10</u></p> <p>Type or print name and title: <u>JOHN T. AHERN JR VP-ADMINISTRATION</u></p>		
<b>Paid Preparer's Use Only</b>	Preparer's signature: <u>Kenneth L. Touhin</u>	Date: <u>NOV 08 2010</u>	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>OSTROW REISIN BERK &amp; ABRAMS, LTD.</u> <u>455 N CITYFRONT PLAZA DR, STE 1500 CHICAGO, IL 60611-5313</u>	Preparer's identifying number (See instructions): <u>P00079651</u>	EIN: <u>36-2938874</u> Phone no: <u>312-670-7444</u>

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

Form 990-EZ (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public  
Inspection**

**Name of the organization** INTERNATIONAL ASSOCIATION FOR ACCOUNTING  
EDUCATION & RESEARCH

Employer identification number  
03-0491118

**Part I Reason for Public Charity Status** (All organizations must complete this part ) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
  - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
  - 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
    - a ☐ Type I
    - b ☐ Type II
    - c ☐ Type III - Functionally integrated
    - d ☐ Type III - Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>
    - (ii) A family member of a person described in (i) above? ☐
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
  - h Provide the following information about the supported organization(s).

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						

12 Gross receipts from related activities, etc. (see instructions) . . . . .	12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .		<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	13,006	31,870	26,511	37,726	244,975	354,088
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	13,006	31,870	26,511	37,726	244,975	354,088
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .			5,000	5,000		10,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .			5,000	5,000		10,000
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						344,088

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .	13,006	31,870	26,511	37,726	244,975	354,088
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	713	1,582	10,790	6,743	3,649	23,477
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	713	1,582	10,790	6,743	3,649	23,477
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	13,719	33,452	37,301	44,469	248,624	377,565
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	91.13%
16 Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	16	78.46%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	6.22%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	13.57%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOMEDESCRIPTIONAMOUNT

INTEREST INCOME

3,649.

TOTAL

3,649.

ATTACHMENT 2

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID  
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENTRECIPIENT NAME AND ADDRESSPURPOSE OF GRANT OR CONTRIBUTIONAMOUNT

## GRANTS PAID

ROBERT GORDON UNIVERSITY	NONE	ACADEMIC RESEARCH GRANT	8,500
ABERDEEN, MGMT BLDG, GARTHDEE ROAD AB10 7QE	N/A		
ABERDEEN			
SCOTLAND			
UNITED KINGDOM			
UNIVERSITA COMMERCIALE LUIGI BOCCONI	NONE	ACADEMIC RESEARCH GRANT	9,000
FERDINANDO BOCCONI, 8 20136	N/A		
MILANO			
ITALY			
UNIVERSIDAD POLITECNICA DE VALENCIA	NONE	ACADEMIC RESEARCH GRANT	9,000
CAMINO DE VERA, 14 46020	N/A		
VALENCIA			
SPAIN			
BRIGHAM YOUNG UNIVERSITY	NONE	ACADEMIC RESEARCH GRANT	16,500
SCHOOL OF ACCOUNTANCY, 540 TANNER BUILDING	N/A		
PROVO, UT 84602			
ACADEMIC RESEARCH GRANTS	NONE	ACADEMIC RESEARCH GRANTS TO 7 INDIVIDUALS	51,050
		TOTAL CONTRIBUTIONS PAID	<u>94,050</u>

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	21,138.
CONFERENCES, CONVENTIONS	18,618.
OFFICE EXPENSE	2,442.
WEBSITE COSTS	16,029.
MENTOR PROGRAM	13,705.
RESEARCH DATABASE	9,709.
STANDARD ADVISORY COUNCIL	4,456.
BANK FEES	2,159.
TOTAL	<u>88,256.</u>

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	133,206.	152,722.
SAVINGS	70,938.	117,540.
TOTALS	<u>204,144.</u>	<u>270,262.</u>

ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE EXCELLENCE IN ACCOUNTING EDUCATION AND RESEARCH ON A  
WORLDWIDE BASIS AND TO MAXIMIZE THE CONTRIBUTION OF ACCOUNTING  
ACADEMICS TO THE DEVELOPMENT AND MAINTENANCE OF HIGH QUALITY,  
GLOBALLY RECOGNIZED STANDARDS OF ACCOUNTING PRACTICE.

## INTERNATIONAL ASSOCIATION FOR ACCOUNTING

03-0491118

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
BEGONA GINER INCHAUSTI DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
BRYAN HOWIESON DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
DONNA STREET DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	PRESIDENT 5.00	0.	0.	0.
GARY SUNDEM DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 3.00	0.	0.	0.
GUNTHER GEBHARDT DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
JOHN AHERN DE PAUL UNIVERSITY, 1 E JACKSON BLV	MEMBER 3.00	0.	0.	0.

## INTERNATIONAL ASSOCIATION FOR ACCOUNTING

03-0491118

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
6000 CHICAGO, IL 60604				
LESLEY STAINBANK DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
MARTIN HOOGENDOORN DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
SERGE EVRAERT DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
STEFANO ZAMBON DE PAUL UNIVERSITY, 1 E JACKSON BLV 6000 CHICAGO, IL 60604	MEMBER 2.00	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	INTERNATIONAL ASSOCIATION FOR	Employer identification number
	EDUCATION & RESEARCH		03-0491118
	Number, street, and room or suite no. If a P O box, see instructions.		For IRS use only
	DE PAUL UNIVERSITY		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	CHICAGO, IL 60604		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**


- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2010.
- 5 For calendar year 2009, or other tax year beginning                      and ending                     .
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO ACCUMULATE THE INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title CPA Date 08/13/2010

OSTROW REISIN BERK & ABRAMS, LTD.  
455 N CITYFRONT PLAZA DR, STE 2600  
CHICAGO, IL 60611-5379

Form 8868 (Rev. 4-2009)