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NATL 09/22/2010 11.37 AM 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)

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

OMB No 1545-0047 2009

Open to Public Inspection

A	For the 2009	calendar y	ear, or tax year beginning $07/01/09$, and ending $06/30/10$			
В	Check if applicable	Please use IRS	C Name of organization Professional Association of Small		D Emplo	yer identification number
	Address change	label or	Business Accountants		0.0	440.604.4
	Name change	print or	Doing Business As		•	4486314
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address) P.O. Box 4350	n/suite	E Teleph	-978-8111
	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross rece	242 522
$\overline{\Box}$	Amended return	Instruc- tions.	Naperville IL 60567	ľ	O 01033 1000	<u> </u>
\Box	Application pendir	E 112-00	e and address of principal officer	-	H(a) Is this a	group return for
لــا	7 ppilodson pondii	,a			affiliate	
					H(b) Are all include	
—					If "No,"	attach a list (see instructions)
<u> </u>	Tax-exempt sta		501(c) (6) ◀ (insert no) 4947(a)(1) or 527		14.5	
_	Website: ► Type of organizat		rporation Trust Association Other ► L Year of	formation		exemption number
		Summai		tormation		M State of legal domicile
j			he organization's mission or most significant activities			
= 0	3.0		ion formed to develope and exchange information pe	rtainin	g to	
ance	mai	nagemer	nt and marketing of accounting firms.			
ULUC 0 1 VUI Activities & Governance						
6 o	2 Check	this box		its net asse	1 1	
>‰ ```	3 Number	_	members of the governing body (Part VI, line 1a)		3	
<u>≣</u> ;∈	4 Number		endent voting members of the governing body (Part VI, line 1b)		5	···
Ęį	6 Total r		employees (Part V, line 2a) volunteers (estimate if nece ssary)		6	
⋖	7a Total c		ated business revenue from Part VI Court C) inc 12		7a	
			siness taxable income from 36rm 990-T, fine 34		7b	0
			NOV A SALE OF	Prior Yea	r	Current Year
ne	8 Contrit		d grants (Part VIII, line 1h) NOV 0 \$ 2010	30.	7,036	1,100 258,884
Revenue	9 Progra	ım service ment incon	revenue (Part VIII, line 2g)		2,028	8,942
æ	11 Other	revenue (F	Part VIII, column (A), lines 5, 60, 80, 90, 10c and 41e		3,386	80,807
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,450	349,733
			ar amounts paid (Part IX, column (A), lines 1–3)			
	14 Benefi	ts paid to d	or for members (Part IX, column (A), line 4)			
es			ompensation, employee benefits (Part IX, column (A), lines 5–10)			
sesuec			draising fees (Part IX, column (A), line 11e)			
Exp		-	expenses (Part IX, column (D), line 25) ▶ (Part IX, column (A), lines 11a–11d, 11f–24f)	277	7,286	334,602
	17 0000	•	Add lines 13–17 (must equal Part IX, column (A), line 25)		7,286	334,602
	19 Reven	•	penses Subtract line 18 from line 12		,164	15,131
Net Assets or	S			inning of Curr		End of Year
Sset	20 Total a		t X, line 16)		7,454	349,912
Vet A	21 Total l		Part X, line 26)		3,761 3,693	11,090 338,822
			nd balances Subtract line 21 from line 20	323	3,093	330,622
<u> </u>			ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and t	to the best of	my knowledge
			us true, correct, and complete Declaration of preparer (other than officer) is based on all information		arer has any	knowledge
Sig	gn	10	worky K. N. War		11.	-1-10
He	ere [Signatu	TE of office i		Date	
		= 4	(13:420)			
_		i ype or	print name and title	Check if		Preparer's identifying number
Pa	1/4	Preparer's signature		(see instructions)		
Pre	eparer's		TaXXSolutions 09/22/1	.O employe	· .	900738399 36-4334555
Us	,	Firm's name if self-employ	DO Do A 250		EIN Phone	30 4334333
		address, and				630-978-6300
Ma	y the IRS disc	cuss this re	turn with the preparer shown above? (see instructions)			Yes No
For	r Privacy Act	and Pape	rwork Reduction Act Notice, see the separate instructions.		-	Form 990 (2009)

4d	Other program services	(Describe in Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service	expenses >		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	l		l
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	[١	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1		
	Schedule D, Part VI	1		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	ļ	,	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's suparate of consolidated financial statements for the tax year medical a footbook that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
•-	Schedule D, Parts XI, XII, and XIII	12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	† <u>' </u>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ليا	X
		-	በበለ	(2000)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		Ī	
	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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		l	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			•-
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			27
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	\longrightarrow	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			v
_	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		ľ	37
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		<u>X</u>
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		x
	19? Note. All Form 990 filers are required to complete Schedule O	38		

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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 X 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Form 990 (2009) Professional Association of Small 36-4486314

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

	Schedule O. See instructions.				
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a			1
b	Enter the number of voting members that are independent	1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				l
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	ed?	4_		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				l
	the year by the following				
а	The governing body?		8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		i		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
	tion B. Policies (This Section B requests information about policies not required by the li	nternal			
Rev	renue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		<u> </u>
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person the person who person the person who person the person who person the person that the person the person that	ne			
	organization > Taxxsolutions P.O. Box 4350				

IL 60504

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if the organization (A)	(B)	T	<u> </u>		C)		, ui	(D)	(E)	(F)	
Name and Title	Average hours per			chec	k all t	that a		Reportable	Reportable compensation	Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations	
Tim Nolan		 									
President		<u> </u>	Ļ	<u> </u>	_	<u> </u>	L	0	0	0	
Jerry Sutkiewicz									_ i	_	
Past Pres.		<u> </u>			<u> </u>	<u> </u>	L	0	0	0	
Steve Henry		i									
Treasurer		<u> </u>	<u> </u>		<u> </u>	<u> </u>		0	0	0	
Pat Barnes					1						
Secretary			_		<u> </u>	┞		0	0	0	
Ray Busch											
Member		┞	<u> </u>	_	<u> </u>			· 0	0	0	
Steve Feinberg										•	
Member		<u> </u>	<u> </u>		_	<u> </u>	_	0	0	0	
Barb Gay Member								o	o	0	
Bert Gonzales		┢	\vdash		\vdash	┢	\vdash	0	0	0	
Member	1							o	0	0	
Matt Patrick		t									
Member								o	0	0	
											
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		-									
		<u> </u>				<u> </u>		<u> </u>		7 44	

<u> </u>	(A) Name and Title	(B) Average	(C) Position (check all that app							(E) Reportable	(F) Estimated			
		hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation	compensation from related organizations (W-2/1099-MISC)	con f org	nount o other ipensati om the anizatio d relate anizatio	ion on ed	
						_								
							_	_			-			
								_						
			-	<u> </u>									-	
	. <u></u>													
			 	 	<u>. </u>									
			 											
1b 2	Total Total number of individuals (in				hose	e list	ed al	DOVE	e) who received more than s	\$100,000 in				_
	reportable compensation from	the organization	<u> </u>	0_								Τy	es N	_
3	Did the organization list any for employee on line 1a? If "Yes,"								yee, or highest compensate	ed		3	X 20	
4	For any individual listed on line the organization and related o individual	e 1a, is the sum	of rep	oorta	ble d	comp	ens	atior	n and other compensation f s," complete Schedule J for	rom such		4	ž	C
5	Did any person listed on line 1 services rendered to the organ											5	X	
	tion B. Independent Contract									#100 000 of	···-			_
	Complete this table for your fix compensation from the organi	zation	iisai	eu II	idep	enae	ent C	1					<u>C)</u>	_
	Name and	(A) d business address						\vdash	Descrip	(B) atton of services		Comp	C) ensation	_
														_
							_							_
								\vdash						_
		<u> </u>				 -		-						_
2	Total number of independent more than \$100,000 in compe		_				d to	thos	se listed above) who receive	ed		0		_
DAA													90 (20	_

	VIII Statement of Re	VO.140		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>2</u> 1a	Federated campaigns	1a					
	Membership dues	1b		,			
	Fundraising events	1c					
<u> </u>	d Related organizations	1d					
	Government grants (contributions)	1e					
2	f All other contributions, gifts, grants,						
	and similar amounts not included above	9 1f	1,100				
ຊ ຊ	Noncash contributions included in lines	1a-1f \$		•		•	•
₹ F	Total. Add lines 1a-1f		<u> </u>	1,100			
2a t			Busn. Code				
28	Membership Dues			126,364	126,364		
t	•			113,644	113,644		
(Regional Income			18,876	18,876		
(<u>.</u>						
6	•						
•	f All other program service re	venue					
و ا	Total. Add lines 2a-2f		•	258,884			
3	Investment income (includin	g dividends,	interest, and			-	
1	other similar amounts)		▶	8,942	8,942		
4	Income from investment of t	ax-exempt bo	ond proceeds ▶				
5	Royalties	•	▶ [
ŀ	(ı) Rea	ıl	(II) Personal				
6a	Gross Rents			1	İ		
b	Less rental exps						
0	Rental inc or (loss)				•		
d	Net rental income or (loss)	-	•				•
7a	Gross amount from (i) Securi	ties	(II) Other				
	sales of assets other than inventory						
b	Less cost or other						
	basis & sales exps						
0	Gain or (loss)					ļ	
	Net gain or (loss)	•	•			Ì	
8.8	Gross income from fundraising e	vents				1	
b	(not including \$						
i i	of contributions reported on line	lc)					
ì	See Part IV, line 18	a					
b	Less direct expenses	ь					
c	: Net income or (loss) from fu	ndraising eve	ents	-			•
9a	Gross income from gaming activi	ties					
	See Part IV, line 19	а		·			
b	Less direct expenses	ь					
C	Net income or (loss) from ga	aming activitie	es 🕨		<u> </u>		
	Gross sales of inventory, les						
1	returns and allowances	а					
b	Less cost of goods sold	ь					
i i	: Net income or (loss) from sa	iles of invento	ory 				
	Miscellaneous Rever		Busn. Code				
11a	Vendor Sponsorship			47,250	47,250		
b				17,349	17,349		
C	_	arned		12,867	12,867		
d				3,341	3,341		
1	Total. Add lines 11a-11d			80,807	Í		
12	Total Revenue. See instruc			349,733	348,633	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and

	All other organizations must			·	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16			9	<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			 	
8	Pension plan contributions (include section 401(k)			[
_	and section 403(b) employer contributions)			-	
9	Other employee benefits				
10	Payroll taxes			 	
11	Fees for services (non-employees)	53,865			
a	Management	53,665			
b	Legal	3,350			
_	Accounting Lobbying	3,330			
d e	Professional fundraising services See Part IV, line 17				<u>.</u>
f	Investment management fees				
g	Other	,			
9 12	Advertising and promotion	-			
13	Office expenses	1,307	·		
14	Information technology	-1			
15	Royalties				
16	Occupancy		_		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19					
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	271	·- · · · · · · · · · · · · · · · · · ·		
23	Insurance	1,544			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	105 500		 	
a	Conference Expenses	185,598			
b	Assoc & Conference Mngmt	36,359 15,473			
C	Regional Expenses	15,473 11,756		-	
d	Ntl Conf Speaker Fees Credit Card Fees	6,209		 	
e	All other expenses	18,870			
	Total functional expenses. Add lines 1 through 24f	334,602			
<u>25</u> 26		334,002			
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

	art >	Balance Sheet		(A)		(B)
	r	<u></u>		Beginning of year		End of year
	1	Cash—non-interest bearing		121,030	1	231,834
	2	Savings and temporary cash investments		215,000	2	100,000
	3	Pledges and grants receivable, net			3	15.065
	4	Accounts receivable, net			4	15,367
	5	Receivables from current and former officers, directors, to				
		employees, and highest compensated employees Comp	lete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined				
		4958(f)(1)) and persons described in section 4958(c)(3)(i	B) Complete			
S	ł	Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
155	8	Inventories for sale or use			8	
٩	9	Prepaid expenses and deferred charges	r 1	941	9	
	10a	Land, buildings, and equipment, cost or				
	l	other basis Complete Part VI of Schedule D		903		_
	ь	Less accumulated depreciation	10b 1,	692 483	10c	211
	11	Investments—publicly traded securities			_11	
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11	<u> </u>	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	2,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	337,454	16	349,912
	17	Accounts payable and accrued expenses	7,761	17	5,090	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee				
<u>=</u>		employees, highest compensated employees, and disqua				
<u>.e</u>		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa		<u> </u>	24	
	25	Other liabilities Complete Part X of Schedule D		6,000	25	6,000
	26	Total liabilities. Add lines 17 through 25		13,761	26	11,090
S		Organizations that follow SFAS 117, check here ▶	and			•
Balances		complete lines 27 through 29, and lines 33 and 34.	,			
<u>a</u>	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117, check her	e ▶ X			
Ę		and complete lines 30 through 34.				
Net Assets or Fund	30	Capital stock or trust principal, or current funds		30		
ę	31	Paid-in or capital surplus, or land, building, or equipment		31		
SS	32	Retained earnings, endowment, accumulated income, or		323,693	32	338,822
t A	33	Total net assets or fund balances	outer fution	323,693		338,822
9	34	Total liabilities and net assets/fund balances		337,454		349,912

Form **990** (2009)

orm	990 (2009) Professional Association of Small 36-4486314		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ţ	-	ļ
	Schedule O	1 4	t	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
Ь	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	,		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were]		
	issued on a consolidated basis, separate basis, or both	۸.		
	Separate basis Consolidated basis Both consolidated and separate basis	2		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L
		Form	990	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization Professional Association of Small 36-4486314 **Business Accountants** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part: the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV Partalis: Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III-Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		al Associat			186314	Page 2
<u>Pa</u>	ert III Organizations Maintaining		·			ts (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	eck any of the followin	g that are a significa	int use of its	
а	Public exhibition	d Loai	or exchange program	ns		
b	Scholarly research	e Othe				
С	Preservation for future generations	_				
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the organ	nization's exempt pu	rpose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, e maintained as part of	historical treasures, of the organization's co	or other similar llection?		Yes No
Pa	rt IV Escrow and Custodial Arra	ngements. Compl	ete if the organiz		"Yes" to Forn	
	IV, line 9, or reported an am	ount on Form 990	<u>, Part X, line 21.</u>			
1a	Is the organization an agent, trustee, custodian	or other intermediary fe	or contributions or other	er assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV an	nd complete the following	ig table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Forr	m 990, Part X, line 21?				Yes No
ь	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form 990, Pa	art IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains,			Ì		
	and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
_	and programs					
f	Administrative expenses					
g	End of year balance					··· †
2	Provide the estimated percentage of the year e	nd halance held as		I		
	Board designated or quasi-endowment	%				
	Permanent endowment > %	"				
	Term endowment ▶ %	an of the arrangedist	hat are hald and adm	and and for the		
Ja	Are there endowment funds not in the possessi	on or the organization t	nat are new and admi	inistered for the		Yes No
	organization by					
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
D	If "Yes" to 3a(ii), are the related organizations li					3b
<u>4</u>	Describe in Part XIV the intended uses of the o			0 Dad V line 1	^	
Pa	rt VI Investments—Land, Buildir					(4) 0
	Description of investment	(a) Cost or other basis	(b) Cost or other	1 '	cumulated	(d) Book value
		(investment)	basis (otner	, dep	reciation	
	Land					-
	Buildings					
	Leasehold improvements					
	Equipment	·			4 222	
	Other	L		<u>, 903</u>	1,692	211
Total	l. Add lines 1a through 1e. (Column (d) must equ	ial Form 990 Part X co	lumn (B), line 10(c),)		▶ !	211

Schedule D (Form 990) 2009 Professional Associa	tion of Small	36-4486314	Page 3
Part VII Investments—Other Securities. See Form 9	90, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
Financial derivatives			
Closely-held equity interests			
Other			
	_		
	_		
	_		
	_		
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments—Program Related. See Form 9	990. Part X. line 13.		···-
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, line 15	•		
(a) Description		(b)	Book value
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	_
Part X Other Liabilities. See Form 990, Part X, line	<u>25.</u>		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
2008-9 Mexico Trip	6,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,000	<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization	anization's financial statement	s that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 Professional Association of Sm	nall	. 36-448631	L 4	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Stater	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
<u>10</u>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
-	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Re	eturn	-
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1	1		
a	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		┨	
	Recoveries of prior year grants	2c		┨	
d	Other (Describe in Part XIV)	2d		┨.	
_	Add lines 2a through 2d			2e	-
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV)	4b		1 4.	
_	Add lines 4a and 4b			4c	
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statement	ante l	Nith Evnenses per i		<u> </u>
1	Total expenses and losses per audited financial statements	JIILO I	With Expenses per	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-	
a	Donated services and use of facilities	2a	i		
_	Prior year adjustments	2b		1 :	
c	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d		1	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:]			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	s 1a a	nd 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d ar	nd 4b Also complete		
his p	art to provide any additional information				
		_			

Schedule D (Fo	orm 990) 200	9 P	rofe	essi	ona]	L As	soc	iat	ior	ı of	S	mal	.1	3	6-4	4863	14					Page 5
Part XIV	Supplen	nental	Infor	matio	n (co	ntinue	ed)															
							_		_		_	_		_				_				
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	_					. —	_		_	_				_	_			_			_	_ _

· SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Professional Association of Small Business Accountants

Employer identification number

36-4486314

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No 6

Name(s) shown on return

Professional Association of Small

Business Accountants

Identifying number 36-4486314

	ess or activity to which this form relates ndirect Depreciat:	ion								
	rt I Election To Exper		erty Under Se	ection 1	79					
	Note: If you have a	•	-			ı con	nplete P	art I.		
1	Maximum amount See the instruc								1	250,000
2	Total cost of section 179 property		2							
3	Threshold cost of section 179 prop		3	800,000						
4	Reduction in limitation Subtract lin	ne 3 from line 2 If zer	o or less, enter -0-						4	
5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero or	less, enter -0- If mar	ned filing se	eparately, sec	e instru	ctions		5	
6	(a) Descriptio	n of property		(b) Cost (t	business use	only)	(c) E	lected cost		
		*****					_			
		<u>-,,</u>								
7	Listed property Enter the amount	from line 29				7				
8	Total elected cost of section 179 p	roperty Add amounts	s in column (c), line	es 6 and 7					8	
9	Tentative deduction Enter the sm	aller of line 5 or line 8	3						9	
10	Carryover of disallowed deduction	•							10	
11	Business income limitation Enter	the smaller of busines	ss income (not les	s than zero	o) or line 5	(see ır	nstructions)	11	
12	Section 179 expense deduction A				:11				12	
13	Carryover of disallowed deduction			2	<u> </u>	13				
	: Do not use Part II or Part III below					4 *	1 1 1 1 4			(0 :
	rt II Special Depreciat						iuae iist	ea prope	еπу.)	(See Instr.)
14	Special depreciation allowance for		ther than listed pro	perty) plac	ced in servi	ice				
	during the tax year (see instruction	•							14	
15	Property subject to section 168(f)(•							15	
16 Da	Other depreciation (including ACR		ida liatad aras	orb () (C	Coo inote	tio	\		16	
Pa	rt III MACRS Depreciat	ion (Do not incit		ion A	see msu	ucuo	ns. <i>)</i>			
17	MACDS doductions for assets pla	and in convenient to vi						·	17	271
17 18	MACRS deductions for assets pla- If you are electing to group any assets p				al assat assa	wata a	hook horo	. 🗖		
10		Assets Placed in Se							stem	
		(b) Month and year	(c) Basis for depre		d) Recovery			<u> </u>		
	(a) Classification of property	placed in service	(business/investme only-see instruc	ent use \`	penod	(e) C	convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property	Service	Only—see mande	uons)						
b	5-year property	1 .								
c	7-year property	1		<u> </u>						
	10-year property	1.								
	15-year property								-	
f	20-year property								-	
a	25-year property				25 yrs			S/L		
	Residential rental	<u> </u>			27 5 yrs		MM	S/L		
••	property				27 5 yrs		MM	S/L		
i	Nonresidential real			Ì	39 yrs		MM	S/L		<u></u>
•	property	· · · · · · ·	.=				мм	S/L		
	Section C—A	ssets Placed in Serv	ice During 2009	Γax Year l	Jsing the A	Alterna	ative Depr			n
20a	Class life_			T				S/L		
	12-year	1			12 yrs			S/L		
	40-year				40 yrs		MM	S/L		
	art IV Summary (See ins	structions.)		,,,,,						
21	Listed property Enter amount from						<u>.</u>		21	
22	Total. Add amounts from line 12,		nes 19 and 20 in c	olumn (g).	, and line 2	1 Ente	er here			
	and on the appropriate lines of you	_							22	271
23	For assets shown above and place									
	portion of the basis attributable to	-				23				

For Paperwork Reduction Act Notice, see separate instructions.

Name Professional Association of Small Business Accountants (A) (B) (C) (C)	Form 990		Special Eve	ents Schedule	-		2009
Professional Association of Small Business Accountants 36-4486314 (A) (B) (C) Others Total Gross receipts 22,005 0 0 0 22,005 Less contributions 0 0 0 0 0 0 Gross revenue 22,005 0 0 0 22,005 Less direct expenses 4,656 0 0 0 4,656	Form 990	For calendar year 2009,	or tax year beginning	07/01/09	, and ending 06	/30/10	2009
Business Accountants 36-4486314 (A) (B) (C) Others Total Gross receipts 22,005 0 0 0 22,005 Less contributions 0 0 0 0 0 0 Gross revenue 22,005 0 0 0 0 22,005 Less direct expenses 4,656 0 0 0 4,656	Name					Employer Id	entification Number
Gross receipts 22,005 0 0 0 0 22,005 Less contributions 0 22,005 0 0 0 0 0 22,005 0 0 0 0 0 4,656 0 0 0 0 4,656 0 0 0 0 0 4,656 0 <td>Professiona</td> <td>l Association</td> <td>of Small</td> <td></td> <td></td> <td></td> <td></td>	Professiona	l Association	of Small				
Gross receipts 22,005 0 0 22,005 Less contributions 0 0 0 0 Gross revenue 22,005 0 0 0 22,005 Less direct expenses 4,656 0 0 0 4,656	Business Ac	countants				36-448	6314
Less contributions 0 0 0 0 Gross revenue 22,005 0 0 0 22,005 Less direct expenses 4,656 0 0 0 4,656		(A)	(B)	(C)	Others		Total
Gross revenue 22,005 0 0 0 22,005 Less direct expenses 4,656 0 0 0 4,656	Gross receipts	22,005	0		0	0	22,005
Less direct expenses 4,656 0 0 0 4,656	Less contributions	0	0		0	<u> </u>	0
	Gross revenue	22,005	0		0		22,005
Net Income (loss) 17,349 0 0 0 17,349	Less direct expenses	4,656	0		<u> </u>	<u> </u>	4,656
	Net income (loss)	17,349	0		0 ———		17,349

Description.	(A)	Training Manuals
	.	
	(B)	
	(C)	
	Others	
		-
		-