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► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.*

A For the 2011 calendar year, or tax year beginning 04-01-2011 , and ending 03-31-2012

Application pending

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

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 82,092**

Check if the organization used Schedule O to respond to any question in this Part I ☒

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Part II

Balances Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	62,870	22	51,668
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	62,870	25	51,668
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,870	27	51,668

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
THE MISSION OF THE GOVERNMENT FINANCE OFFICERS ASSOCIATION OF ALABAMA IS TO PROVIDE A PROFESSIONAL ASSOCIATION FOR GOVERNMENT FINANCE PERSONNEL DEDICATED TO ENABLING ITS MEMBERS TO PROVIDE QUALITY PROFESSIONAL SERVICE TO THEIR CONSTITUENTS WITH THE HIGHEST LEVEL OF INTEGRITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE GOALS OF THE ORGANIZATION ARE ACHIEVED THROUGH THE PROVISION OF SPECIFIC TRAINING FOCUSED ON THE METHODOLOGY AND FORMAT OF THE GOVERNMENT ACCOUNTING SYSTEM THE ENTITY SPONSORS THREE GOVERNMENT TRAINING CONFERENCES PROVIDING A MINIMUM OF 48 CONTINUING EDUCATION CREDITS ANNUALLY TO PARTICIPANTS IN ADDITION, SPECIFIC TRAINING COURSES ARE OFFERED TO IMPROVE PROFESSIONAL, ADMINISTRATIVE, AND FISCAL SKILLS OF QUALIFIED CANDIDATES THROUGH THE CERTIFIED GOVERNMENT ACCOUNTING TECHNICIAN PROGRAM WITH COURSE OFFERINGS THROUGHOUT THE YEAR ANNUALLY, THE ORGANIZATION AWARDS SCHOLARSHIP AWARDS TO COLLEGE UNDERGRADUATES TO PROMOTE CAREERS IN GOVERNMENT FINANCE
(Grants \$ 9,000) If this amount includes foreign grants, check here

29
(Grants \$) If this amount includes foreign grants, check here

30
(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Part IV

List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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 V.)

Check if the organization used Schedule O to respond to any question in this Part V

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		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 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 outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> MELINDA JAMES LOPEZ Telephone no <input type="checkbox"/> (334) 358-8070 PO BOX 240574 Located at <input type="checkbox"/> MONTGOMERY, AL ZIP + 4 <input type="checkbox"/> 36124		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2012-08-06</div> <div>Date</div>	
	<div>MELINDA JAMES LOPEZ TREASURER</div> <div>Type or print name and title</div>			
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>BRIAN BARKSDALE</div>	<div>Date</div> <div>2012-08-06</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>	<div>Preparer's taxpayer identification number</div> <div>(See instructions)</div> <div>P00185918</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>CARR RIGGS & INGRAM LLC</div> <div>P O BOX 55765</div> <div>BIRMINGHAM, AL 35255</div>			<div>EIN</div> <div>72-1396621</div>
				<div>Phone no</div> <div>(205) 933-7822</div>
May the IRS discuss this return with the preparer shown above? See instructions				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

GOVERNMENT FINANCE OFFICERS ASSOCIATION OF ALABAMA

Employer identification number

63-0944108

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 131
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION REIMBURSEMENT AMOUNT 437
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME JACKAYLA BAKER GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME TIFFANY UNDERWOOD GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME KATIE PANOS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME SARAH PANOS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME TIFFANY UNDERWOOD GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME DAVID DANIELS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES AND WORKSHOPS AMOUNT 69,229 DESCRIPTION BANK CHARGES AMOUNT 78 DESCRIPTION OFFICE EXPENSES AMOUNT 515 DESCRIPTION MISC AMOUNT 811 DESCRIPTION TRAVEL REIMBURSEMENTS AMOUNT 263 DESCRIPTION WEBSITE MAINTENANCE FEES AMOUNT 830 TOTAL TO FORM 990-EZ, LINE 16 71,726

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: GOVERNMENT FINANCE OFFICERS ASSOCIATION OF ALABAMA

EIN: 63-0944108

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.

Additional Data

Software ID:

Software Version:

EIN: 63-0944108

Name: GOVERNMENT FINANCE OFFICERS ASSOCIATION OF ALABAMA

Form 990-EZ, Special Condition Description:

Special Condition Description

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
CHARLA DOUCET PO BOX 240574 MONTGOMERY,AL 36124	PRESIDENT 5 00	0	0	0
RUSSELL RANEY PO BOX 240574 MONTGOMERY,AL 36124	FIRST VICE PRESIDENT 3 00	0	0	0
DEREK REEVES PO BOX 240574 MONTGOMERY,AL 36124	SECOND VICE PRESIDENT 2 00	0	0	0
KEREN DEAL PO BOX 240574 MONTGOMERY,AL 36124	SECRETARY 3 00	0	0	0
MELINDA JAMES LOPEZ PO BOX 240574 MONTGOMERY,AL 36124	TREASURER 3 00	0	0	0
LARRY CONWILL PO BOX 240574 MONTGOMERY,AL 36124	DIRECTOR 1 00	0	0	0
CAROLE HEGGEMAN PO BOX 240574 MONTGOMERY,AL 36124	DIRECTOR 1 00	0	0	0
KAREN HERMAN PO BOX 240574 MONTGOMERY,AL 36124	DIRECTOR 1 00	0	0	0
SHAUNDRA MORRIS PO BOX 240574 MONTGOMERY,AL 36124	DIRECTOR 1 00	0	0	0
KELLY RHODES PO BOX 240574 MONTGOMERY,AL 36124	DIRECTOR 1 00	0	0	0
LANE SAUSER PO BOX 240574 MONTGOMERY,AL 36124	DIRECTOR 1 00	0	0	0