FILE COPY

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ➤ 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.

Open to Public Inspection

Α	For the	e 2009 calenda	ar year,	or tax year beginning	July 1	, 2009,	and ending	Jur	e 30	, 20 10
В		applicable:	Please use IRS	C Name of organization				D Employ	er ider	ntification number
H	Address Name ch	-	label or	Guam Chapter, Association of						-0065694
Ħ	Initial ret	•	print or type.	Number and street (or P.O. box, if	mail is not delivered to	street address)	Room/suite	E Telepho	ne nun	nber
	Terminat		See	P.O. Box 1124					64	47-2587
	Amended	d return	Specific Instruc-	City or town, state or country, and	ZIP + 4			F Group	Exem	ption
	Application	on pending	tions.	Hagatna, Guam 96929				Numbe	er 🕨	
	• Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexen	npt charitable trusi	ts must attach	G Accou	nting Meth	od: [Cash Accrual
			a cor	npleted Schedule A (Form 990	or 990-EZ).	_	Other	(specify)	•	
							H Check	▶ ☐ if t	ne orc	ganization is not
1 '	Websit	te: ► http://	/aga.gu	am.net			1			edule B (Form 990,
J .	Тах-ехе	empt status (c	heck o	nly one) — ☐ 501(c) () ◀ (insert no.) 🔲 4947	(a)(1) or 🔲 52	_	Z, or 990-F		,
K	Check I	☐ if the	organi	zation is not a section 509(a)(3) s	upporting organization	on and its gross	s receipts are n	ormally no	t more	e than \$25,000. A
	Form 9	90-EZ or Form	990 ret	turn is not required, but if the or	ganization chooses	to file a return,	be sure to file	a complete	retur	n.
		s 5b, 6b, and 7b	b, to line	9 to determine gross receipts; if	500,000 or more, file	Form 990 instea	ad of Form 990	·EZ ▶	\$	
P	art I	Revenue	e, Exp	enses, and Changes in I	Vet Assets or F	und Balanc	es (See the	instructi	ons f	or Part I.)
	1			s, grants, and similar amoun						7,120
	2			evenue including governmen						10,810
	3			and assessments						7,889
	4	Investment							-	16
	5a	Gross amou	unt froi	n sale of assets other than ir	ventory	5a			Œ	
	Ь			r basis and sales expenses .			 <u></u> ,	- 1	ATI.	
	С			sale of assets other than inv			ne 5a)	5	c	
Ē	6	Special events	and acti	vities (complete applicable parts of S	Schedule G). If any amo	ount is from gami	na. check here	i i i i	jijii	
Revenue	a	, the state of the								
ě	1	See Statement 4						774		
_	Ь	•	,	ses other than fundraising ex	xpenses			1993		
	С	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6		-1,219
	7a									-1,210
	b	Less: cost of				7b				
	C			s) from sales of inventory (Si				7		
	8			scribe Raffle, tshirt sales,		mino raj .				171
	9			d lines 1, 2, 3, 4, 5c, 6c, 7c,		-		. • 9		24,787
	10			amounts paid (attach sched			CENTER	7 1	_	24,101
	11						to the fact of the	1		
Ś	12			npensation, and employee b				/ 1		
penses	13	Professional	l foos s	and other navments to inden	andent contractor	-1	1 5 2010	1 4		
ĕ	14	Occupancy	rent i	utilities, and maintenance .	SHOCH CONTROLOR	DEDT	10 am =	1		
X	15	Printing put	blicatio	ns, postage, and shipping.		iTA	REVETA	× / 1		
	16			escribe See Statement 2		NI.	PB - C4 ·	10	$\overline{}$	39,596
	17			dd lines 10 through 16			···-		$\overline{}$	
	18	Excess or (d	leficit)	for the year (Subtract line 17	from line (1)	· · · · ·	· · · ·	18	_	39,596 -14,809
Net Assets	19			balances at beginning of y					-	-14,009
155		end-of-vear	figure	reported on prior year's retu	rn)	, coluitiii (ry)	(mast agree	1	,	60,064
¥ /	20			et assets or fund balances (a			ement 3	· · 19	_	
ž	21			balances at end of year. Con				20	$\overline{}$	-2,392
P	art II	Balance	Sheet	s. If Total assets on line 25,	column (R) are \$1	250 000 or n	nore file For	. D 2	ood.	42,863
				(See the instructions for Pa		,200,000 01 11		nning of yea		· · · · · · · · · · · · · · · · · · ·
22	Car	sh savinge s	and inv	estments	•		(A) Dagi			(B) End of year
23		nd and buildir					.	00,22	7 22	
24				► Accounts receivable			: —	24	23 24	
25		tal assets (ue					-)		_	
26				be ► Accounts payable			` 		9 25 5 26	
27				lances (line 27 of column (B) must agree with	line 21\	-'		3 26 4 27	

Par	t III Statement of Program Service Accon	nplishments (See the inst	ructions for Part I	II.)	T	Evnance
Wha	t is the organization's primary exempt purpose?	Education		,	(Rea	Expenses uired for section
	cribe what was achieved in carrying out the or		see In a clear a	nd concise		c)(3) and 501(c)(4)
man	ner, describe the services provided, the number	of persons benefited and	other relevant info	rmetion for	orga	nizations and section
each	program title.	or persons benefited, and	Other relevant into	imadon for		(a)(1) trusts; optiona
					for o	thers.)
28	ARRA, Fraud, Risk Assessment Training - To provide			ng In		
	government accounting, fraud awareness, and inte	mai controls. Approximately	60 participants.			
	(Grants \$) If this amount	t includes foreign grants, ch	eck here	▶ □	28a	2,27
29		204	2,27			
	internal Controls and ARRA - To provide continuing	t aduantianal aredita through	tralala a la marcana		1	
			training in governr	nent		
	accounting, ARRA funds, and Internal control. Appr					
	(Grants \$) If this amount	29a	147			
30	Ethics, internal Controls, and Procurement Training	- To provide continuing edu	cational credits in g	jovernment		
	accounting, ethics, internal controls, and procurement					
	(Grants \$) If this amount	tipoludos foreign grante, eh			00-	
24		t includes foreign grants, ch	eck nere	· P L	30a	2,200
31	, ,					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ 📙	31a	
	Total program service expenses (add lines 28a	through 31a)		▶	32	4,622
Part	IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one e	ven if not compensa	ited. (See the	instruc	ctions for Part IV.
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred comper		account and
Jose	Guevara	devoted to position	6/1ter -0)	deletred compet	isation	other allowances
		President, 8 hours	_		_	
	Box 4370, Hagatna, GU 96932		-0-		-0-	-0-
	nas Paulino	President-Elect, 8 hours				
#3 Q	ılrida Court, Yona, GU 96915	Tresident-Liect, o nouis	-0-		-0-	-0-
Yuka	ri B. Hechanova					
P.O.	Box 8278, Tamuning, GU 96913	Treasurer, 8 hours	-0-		-0-	•
	a Travis					-0-
	ersity of Guam, UOG Station, Mangliao, GU 96923	Secretary, 8 hours				
			-0-		-0-	-0-
	lyn Marquez	Past President, 8 hours				
142 A	tes Ct., Dededo, GU 96929		-0-		-0-	-0-
		2:				
		1				
		4				
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			(4)			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			raye
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			77 T
а	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?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			THE I
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	1
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 period covered by this return?			
b		38a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved		#	
а	Initiation fees and capital contributions included on line 9	1,5	= 1	201
b	Gross receipts, included on line 9, for public use of club facilities	, Hai		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			IIII
	section 4911 ► ; section 4912 ► ; section 4955 ►	5.1		lija Lija
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	_ 1	ių –	
	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			1
•		40b		
С	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		Ė	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
	List the states with which a copy of this return is filed. ► Guam			
42a	The organization's books are in care of ▶ Yukari B. Hechanova, Treasurer Telephone no. ▶	647-2	2587	
	Located at ► Guam Waterworks Authority ZIP + 4 ►	969	13	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country: ▶	42b	,	_ ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
		42c		./
-	If "Yes," enter the name of the foreign country: ▶	720	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. •	▶ □
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
			EZ	(0000°)

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 947(a)(1) nonexempt char and 51.	xempt charital itable trusts mus	ole trusts only. A st answer question	il sect ons 46	ion -49b	
47 48 49a 50 6	and complete the tables for lines 50 a Did the organization engage in direct or indirect candidates for public office? If "Yes," complete Did the organization engage in lobbying activitie is the organization a school as described in sectio Did the organization make any transfers to an e if "Yes," was the related organization a section Complete this table for the organization's five hemployees) who each received more than \$100 (a) Name and address of each employee paid more than \$100,000	ct political campaign activitics Schedule C, Part I	es on behalf of o	r in opposition to	46 47 48 49a 49b trustees ter "No	s and ne."	No ✓ ✓ ✓ key
51 (otal number of other employees paid over \$100 complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated inde	-0- pendent contract	ors who each rece	eived m	nore t	han
None.	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	pe of service	(c) Comp	ensatio	on
d T	otal number of other independent contractors e	each receiving over \$100,00	0 •	-0-			
Sign Here	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration Signature of officer Yukari B. Hechanova, Treasurer Type or print name and title	ed this return, including accompany of preparer (other than officer) is ba	ased on all information	tements, and to the best of which preparer has a	of my kr ny knowl	nowledge.	
Paid Preparer' Use Only May the	Preparer's signature Firm's name (or	Date	Check if self-employed ► □	one no. ▶	Yes [□ No	

2009	Guam Chapter, Association of Government Accountants					96-006569
Statement 1						=
Form 990-EZ, Part 1, Line 6a						
Special events and activities						
		Gross	Less	Gross	Less Direct	Net Income
Special Event		Receipts	Contributions	Revenue	Expenses	(Loss)
AGA 5k Run/Walk	•	4,574	3,800	774	1,993	(1,219)
Statement 2						
Form 990-EZ, Part 1, Line 16						
Other expenses						
	Training costs			4,622		
	Luncheon meeting cost	s		9,899		
	Awards/Scholarships			6,063		
	Charitable donations			4,522		
	Conference expenses			13,103		
	Miscellaneous			1,386		
	Total			39,596		
		· · · · · · · · · · · · · · · · · · ·				
Statement 3						
Form 990-EZ, Part 1, Line 20	fried balance					
Other changes in net assets or f	rung palances					