

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning and ending

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	C Name of organization SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS, INC. - GROUP RETURN	D Employer identification number 90-0339190
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 570 CHRIS DRIVE	E Telephone number 803-791-4181
	City or town, state or country, and ZIP + 4 WEST COLUMBIA, SC 29169-4602	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ 8

H(c) Are all affiliates included? (If "No," attach a list.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ 1632

G Website: ▶ WWW.SCACPA.ORG

J Organization type (check only one) ▶ 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,061,819.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,156,584.
	3 Membership dues and assessments	3		687,005.
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		53,486.
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe ▶ _____)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a	4,876.		
	b Less: cost of goods sold	10b	1,748.	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 1	3,128.
11 Other revenue (from Part VII, line 103)	11		159,868.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,060,071.	
Expenses	13 Program services (from line 44, column (B))	13	1,709,180.	
	14 Management and general (from line 44, column (C))	14	236,923.	
	15 Fundraising (from line 44, column (D))	15	804.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		1,946,907.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	113,164.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,025,267.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<2,967.>	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,135,464.

• 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. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS, INC. - GROUP RETURN	Employer identification number 90-0339190
	Number, street, and room or suite no. If a P.O. box, see instructions. 570 CHRIS DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST COLUMBIA, SC 29169-4602	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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 **ERIN HARDWICK**
 Telephone No. **(803) 791-4181** 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) **1632**. If this is for the whole group, check this box . If it is for part of the group, check this box **X** 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 **NOVEMBER 15, 2008**.
5 For calendar year **2007**, 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 TO ACCUMULATE ALL THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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	\$
b 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	\$
c 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	\$ N/A

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 Date

SOUTH CAROLINA ASSOCIATION OF CERTIFIED

Form 990 (2007)

PUBLIC ACCOUNTANTS, INC. - GROUP RETURN

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	115,627.	86,720.	28,907.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	260,832.	195,624.	65,208.	
27 Pension plan contributions not included on lines 25a, b, and c	8,524.	6,394.	2,130.	
28 Employee benefits not included on lines 25a - 27	62,771.	47,078.	15,693.	
29 Payroll taxes	29,354.	22,016.	7,338.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	13,620.	7,491.	6,129.	
34 Telephone	15,216.	13,694.	1,522.	
35 Postage and shipping	29,412.	29,412.		
36 Occupancy				
37 Equipment rental and maintenance	37,462.	24,030.	13,432.	
38 Printing and publications	50,252.	50,252.		
39 Travel	2,697.	2,023.	674.	
40 Conferences, conventions, and meetings	967,335.	967,335.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	30,950.	30,950.		
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	322,855.	226,161.	95,890.	804.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,946,907.	1,709,180.	236,923.	804.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

723011
12-27-07

Form 990 (2007)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TO PROMOTE THE CPA PROFESSION IN SOUTH CAROLINA, PROVIDE LOW COST QUALITY CONTINUING PROFESSIONAL EDUCATION TO CPA'S, ADMINISTER THE PEER REVIEW PROGRAM FOR PUBLIC PRACTITIONERS, AND PROVIDE OTHER SUPPORT FOR CPAS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,709,180.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,709,180.

SOUTH CAROLINA ASSOCIATION OF CERTIFIED

Form 990 (2007)

PUBLIC ACCOUNTANTS, INC. - GROUP RETURN

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,218,248.	45	1,324,738.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	12,294.	47a	
	b	Less: allowance for doubtful accounts		47b	
			50,161.	47c	12,294.
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	
	48 c			48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	
	51 c			51c	
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	18,528.	53	25,072.	
54 a	Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	117,679.	54a	258,223.	
b	Investments - other securities		54b		
55 a	Investments - land, buildings, and equipment: basis	739,010.	55a		
b	Less: accumulated depreciation	444,141.	55b		
		302,042.	55c	294,869.	
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis		57a		
b	Less: accumulated depreciation		57b		
57 c			57c		
58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 6)	1,395.	58	0.	
59	Total assets (must equal line 74). Add lines 45 through 58	1,708,053.	59	1,915,196.	
Liabilities	60	Accounts payable and accrued expenses	313,916.	60	301,460.
	61	Grants payable		61	
	62	Deferred revenue	368,870.	62	478,272.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶)		65	
66	Total liabilities. Add lines 60 through 65	682,786.	66	779,732.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,025,267.	67	1,135,464.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,025,267.	73	1,135,464.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,708,053.	74	1,915,196.

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	83b N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	687,005.
d	Section 162(e) lobbying and political expenditures	85d	58,377.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	68,701.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<10,324.>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2007	90b	12
91 a	The books are in care of		ERIN HARDWICK
	Located at		570 CHRIS DRIVE, WEST COLUMBIA, SC
	Telephone no.		(803) 791-4181
	ZIP + 4		29169-4602
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)?	91b	X
	If "Yes," enter the name of the foreign country		N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**SOUTH CAROLINA ASSOCIATION OF CERTIFIED
PUBLIC ACCOUNTANTS, INC. - GROUP RETURN**

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a REGISTRATION &					
b CONFERENCE FEES					1,156,584.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					687,005.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	53,486.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					3,128.
103 Other revenue:					
a ADVERTISING					38,047.
b PEER REVIEW PROGRAM FEES					63,735.
c AFFINITY PROGRAM					46,248.
d OTHER INCOME			01	11,838.	
e					
104 Subtotal (add columns (B), (D), and (E))		0.		65,324.	1,994,747.
105 Total (add line 104, columns (B), (D), and (E))					2,060,071.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	PROVIDED SUPPORT AND SERVICES TO PROMOTE THE CPA PROFESSION IN SOUTH CAROLINA

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	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.

Please Sign Here

Signature of officer _____ Date _____
Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature	<i>D. Hill</i> CPA	Date	8-14-08	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	P00046615
	Firm's name (or yours if self-employed), address, and ZIP + 4	ELLIOTT DAVIS, LLC 1901 MAIN STREET, SUITE 1650 COLUMBIA, SC 29201		EIN	57-0381582		Phone no.	8032560002

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<2,967.>	
TOTAL TO FORM 990, PART I, LINE 20		<2,967.>	

FORM 990	LINE H(C) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT	3
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NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - PARENT		57-6022499
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - CATAWBA CHAPTER		57-0751885
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - CENTRAL CHAPTER		57-6029798
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - COASTAL CHAPTER		57-6029799
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - Foothills		57-0751888
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - GRAND STRAND		90-0164918
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - PEE DEE		23-7078289
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - PIEDMONT		57-0633969
SOUTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS - SEA ISLAND		57-0858938

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DATA PROCESSING	37,020.	37,020.		
DUES AND				
SUBSCRIPTIONS	4,743.	4,743.		
INSURANCE	12,855.	12,855.		
UTILITIES	12,246.	12,124.	122.	
PROFESSIONAL FEES	73,802.		73,802.	
MERCHANT FEES	36,283.	36,283.		
BANK CHARGES	11.		11.	
RESERVE FUND	9,978.	9,978.		
PROPERTY TAXES	5,410.		5,410.	
COMMITTEE MEETINGS	2,364.	2,364.		
COMMITTEE ACTIVITIES	12,631.	12,631.		
DELEGATE EXPENSE	4,209.	4,209.		
ADVERTISING	5,366.	3,220.	1,342.	804.
MISCELLANEOUS				
ADMINISTRATIVE				
EXPENSES	30,406.	15,203.	15,203.	
SCHOLARSHIPS	5,500.	5,500.		
MEMBERSHIP				
DEVELOPMENT	3,378.	3,378.		
SURPLUS ALLOCATION	27,921.	27,921.		
PEER REVIEW	38,732.	38,732.		
TOTAL TO FM 990, LN 43	322,855.	226,161.	95,890.	804.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO PROMOTE THE CERTIFIED PUBLIC ACCOUNTANT PROFESSION IN SOUTH CAROLINA.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	450.	0.
OTHER ASSETS	945.	0.
TOTAL TO FORM 990, PART IV, LINE 58	1,395.	0.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			258,223.	258,223.
TO FORM 990, LINE 54A, COL B				258,223.	258,223.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 8
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ERIN P. HARDWICK 570 CHRIS DRIVE WEST COLUMBIA, SC 29169	EXECUTIVE DIRECTOR 40.00	101,351.	14,276.	0.
ROBERT M. BALDWIN, CPA 293 EAST BAY STREET CHARLESTON, SC 29401	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
J. PATRICK MCDERMOTT, CPA 211 KING STREET, SUITE 300 CHARLESTON, SC 29402	PRESIDENT 6.00	0.	0.	0.
SYLVIA L. KITCHENS, CPA PO BOX 21069 COLUMBIA, SC 29221	PRESIDENT ELECT 3.00	0.	0.	0.
CHARLES M. REDFERN, CPA PO BOX 11468 ROCK HILL, SC 29731	VICE PRESIDENT 4.00	0.	0.	0.
CHARLES E. BROWN, CPA 350 E. ST. JOHN STREET SPARTANBURG, SC 29302	SECRETARY/TREASURER 2.00	0.	0.	0.
R. DOUGLAS CROWLEY, CPA 500 CARTERET STREET BEAUFORT, SC 29901	AT-LARGE DIRECTOR 1.00	0.	0.	0.
MARGARET G. YOUNG, CPA 905 E. MAIN STREET SPARTANBURG, SC 29302	AT-LARGE DIRECTOR 1.00	0.	0.	0.
PAMELA P. TURNER, CPA 2715 W. LUCAS STREET FLORENCE, SC 29501	AT-LARGE DIRECTOR 1.00	0.	0.	0.
TIMOTHY L., BAKER, CPA 250 BERRYILL ROAD, SUITE 320 COLUMBIA, SC 29210	AT-LARGE DIRECTOR 1.00	0.	0.	0.
SHARON E. MANN, CPA 917 CHAPIN ROAD CHAPIN, SC 29036	AT-LARGE DIRECTOR 1.00	0.	0.	0.

MALYNDA M. GRIMSLEY, CPA 1704 LAUREL ST. COLUMBIA, SC 29202	AT-LARGE DIRECTOR 1.00	0.	0.	0.
VICTOR C. WEBSTER, CPA 1411 SECOND LOOP ROAD FLORENCE, SC 29505	AICPA COUNCIL REPRESENTATI 1.00	0.	0.	0.
ANNE P. BUNTON CPA 155 JOHNSTON ST ROCK HILL, SC 29731	CATAWBA CHAPTER 1.00	0.	0.	0.
JADA C. WOOD, CPA 824 E. MAIN STREET SPARTANBURG, SC 29302	FOOTHILLS CHAPTER 1.00	0.	0.	0.
MICHAEL R. PUTICH, CPA 15 LAFAYETTE PLACE, SUITE A HILTON HEAD ISLAND, SC 29925	SEA-ISLAND CHAPTER 1.00	0.	0.	0.
LARRY G. TUTTLE, CPA 4728 JENN DRIVE, SUITE 100 MYRTLE BEACH, SC 29577	GRAND STRAND CHAPTER 1.00	0.	0.	0.
ALYS ANNE DENNIS, CPA 305 WINGO WAY, SUITE E MT. PLEASANT, SC 29465	COASTAL CHAPTER 1.00	0.	0.	0.
ROBERT M. TILTON 1411 SECOND LOOP ROAD FLORENCE, SC 29501	PEE DEE CHAPTER 1.00	0.	0.	0.
MICHAEL J. TARGIA, CPA 220 STONERIDGE DRIVE COLUMBIA, SC 29201	CENTRAL CHAPTER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>101,351.</u>	<u>14,276.</u>	<u>0.</u>