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DLN: 93493163003302

Form 990

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year begii	nning 08-01-2010 and en	ding 07-31-20	011		
	eck ıf a dress ch	applicable hange	C Name of organization AMERICAN INSTITUTE OF CERTI	FIED PUBLIC ACCOUNTANTS			D Employer 13-0432	identification number 265
┌ Na	me cha	ange	Doing Business As				E Telephone	number
	tıal retu		Number and street (or P O box	of mail is not dolivered to street	addrace)	Room/suite	_	
_	rmınate		220 LEIGH FARM ROAD	ii maii is not delivered to street	auuress)	Room/suite	(919)40	2-4500
	ended		City or town, state or country, a	nd ZIP + 4			G Gross recei	pts \$ 274,638,610
_		n pending	DURHAM, NC 277078110					
,			F Name and address of	orincipal officer		H(a)		
			BARRY MELANCON	·		n(d) Is this	a group return for affi	liates? Yes No
			1211 AVENUE OF THE A NEW YORK, NY 10036	MERICAS		H(b) Are al	l affiliates included	d?
			,					st (see instructions)
I Ta	x-exen	npt status	「 501(c)(3) ▽ 501(c) (6)	◀ (insert no)	or 「 527	H(c) Grou	up exemption r	number 🟲
J W	ebsite	e: ► WW	VW AICPA ORG					
K For	m of or	ganızatıon	Corporation Trust Associ	ation Other ►		L Year of fo	rmation 1916	M State of legal domicile DC
	rt I		mary			·		
Activities & Governance		EXEMPT PROFES ACOUN	ERICAN INSTITUTE OF CEIF PURPOSES ARE TO SERVE SSIONAL STANDARDS, TO A TANCY EDUCATION AND T	AND UNITE THE ACCOU DVANCE THE SCIENCE (O PROVIDE FOR THE EXA	INTANCY PR OF ACCOUN AMINATION	OFESSION, TO TANCY, TO DE OF CANDIDA	D DEVELOP A EVELOP AND E FES	ND MAINTAIN HIGH IMPROVE
20 양	3	Number	of voting members of the gov	erning body (Part VI, line 1	a)	•	3	263
Ę	4	Number	of independent voting membe	rs of the governing body (P	art VI, line 1	b)	. 4	261
Ę	5	Total nu	mber of individuals employed	ın calendar year 2010 (Pa	rt V , line 2a)		5	799
٩,	1		mber of volunteers (estimate				6	2,566
			related business revenue from				7a	9,001,472
	Ь	Net unre	elated business taxable incom	e from Form 990-T, line 3	1		7b	3,153,695
		C b	.bb /D b //III	long d h			r Year	Current Year
ā	8		butions and grants (Part VIII am service revenue (Part VIII				107,445,889 88,452,180	110,010,264 89,270,707
Revenue	10	_	tment income (Part VIII, colu				2,179,769	5,299,898
ř	11		revenue (Part VIII, column (7,040,917	7,862,157
	12	Total	revenue—add lines 8 through	11 (must equal Part VIII,	column (A), l			
			<u> </u>				205,118,755	212,443,026
	13		s and similar amounts paid (P			·	3,844,036	4,052,247
	14		its paid to or for members (Pa es, other compensation, empl			_	0	0
\$	15	5-10)		oyee beliefits (Fait 1X, con	anni (A), inie:	`	81,853,910	82,459,036
Expenses	16a	Profes	ssional fundraising fees (Part :	(X, column (A), line 11e)			0	0
置	Ь	Total fu	ındraısıng expenses (Part IX, column	(D), line 25) ▶ <u>0</u>				
	17		expenses (Part IX, column (A				113,336,898	123,239,349
	18		expenses Add lines 13-17 ()	199,034,844	209,750,632
<u></u>	19	Keven	ue less expenses Subtract li	ne 18 from line 12	<u> </u>	Danii	6,083,911	2,692,394
ស្ត ទ						_	g of Current 'ear	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				193,936,986	206,672,576
종	21	Total	liabilities (Part X, line 26) .				174,097,205	172,387,661
	22	_	ssets or fund balances Subtra	ct line 21 from line 20 .			19,839,781	34,284,915
Unde know		lties of p	erjury, I declare that I have example it is true, correct, and comple					
		****	**				012.06.04	
Sigr	,	IB	ature of officer				012-06-04 ate	
Her			HONY PUGLIESE SVP-FINANCE,OPS 8 or print name and title	MEMBER VALUE				
		Print/Type		Preparer's signature		Date	Check if self-	PTIN
Paid	-	preparer's	s name THOMAS LANNING me • JH COHN LLP	THOMAS	LANNING		employed 🕨 🦳	
Prep	arer		dress • 4 BECKER FARM ROAD					Firm's EIN
Use	Only	i iiii a aut	ROSELAND, NJ 070681739					Phone no (973) 228- 3500
			1,00001/07					-

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2010)	
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Page **2**

Par		ement of Program Service : (If Schedule O contains a response		ı	F
1	Briefly desc	ribe the organization's mission			
PURI STAI	POSES ARE T NDARDS, TO	NSTITUTE OF CERTIFIED PUBLI O SERVE AND UNITE THE ACCO ADVANCE THE SCIENCE OF ACC E EXAMINATION OF CANDIDAT	UNTANCY PROFESSION, TO COUNTANCY, TO DEVELOP A	DEVELOP AND MAINTAIN HIG	GH PROFESSIONAL
2		nızatıon undertake any sıgnıfıcant p m 990 or 990-EZ?	orogram services during the yea		Yes 🔽 No
	If "Yes," des	cribe these new services on Sched	ule O		
3	_	nization cease conducting, or make	significant changes in how it c		Yes V No
	If "Yes," des	cribe these changes on Schedule C	•		
4	Section 501	exempt purpose achievements for (c)(3) and 501(c)(4) organizations of others, the total expenses, and re	and section 4947(a)(1) trusts	are required to report the amour	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	MEMBERSHIP SERVICES	SERVICES APPROXIMATELY 352,000 MEM	BERS HAVE ACCESS TO A VARIETY OF	MEMBERSHIP PRODUCTS & SERVICES,	SUCH AS EDUCATIONAL
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	UNIFORM CPA	EXAMINATIONS TOTAL NUMBER OF EXAM	S GRADED - APPROXIMATELY 263,600		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		PROFESSIONAL EDUCATION COURSES AND 0 59 CONFERENCES FOR MEMBERS 12 CO			PE INDIVIDUAL STUDY
4d	Other progr	am services (Describe in Schedul	e O)		
	(Expenses	\$ includin	g grants of \$) (Revenue \$)
4e	Total progra	am service expenses►\$			

art TV	Check	list of	Required	Schedules
	CIICCR	1136 01	IXCUUII CU	Scricadics

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	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.	11c		No
d	Did the organization report an amount for other assets 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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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 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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule 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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35	Yes	
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
•	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 556			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
,	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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)?	4a		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
)	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?	7 c		
•	Did the organization 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		
ı	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
l	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Ī	
	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 organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
I	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
,	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
,	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
,	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	

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

itains a response to any question in					

Enter the number of voting members of the governing body at the end of the fax year of the number of voting members of the governing body at the end of the fax year of the number of voting members included in line 12, above, who are independent in the number of voting members included in line 12, above, who are officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee is a significant change of the governing documents since the pone form 90 was fined at the pone of the	Se	ction A. Governing Body and Management			
b Enter the number of voting members included in line 12, above, who are independent to enter the number of voting members included in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, which are understand the provided in line 12, above, which is a provided to a provided the analysement company or other person? 3 No. No. Above, which is a provided the analysement company or other person? 4 No. Dot the organization become ewere during the year of a significant diversion of the organizations assets? 5 No. No. Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Dot the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization have members, stockholders, or other persons? 8 Dot the organization and provided the meetings held or written actions understaken during the year by the following: 9 The governing body? 8 The governing body? 8 The governing body? 8 The governing body? 8 The governing body? 9 The province of the governing body and the province of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Sthers are officer, director, furstee, or key employee is teld in Part VII, Section A, who cannot be reached at the part of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 If "ss," does the organization have written policies and procedures governing the activities of such chapters, inflinites? 14 Does the organization have written policies or affiliates? 15 If "ss," does the organization have written policies or affiliates?				Yes	No
b Enter the number of voting members included in line 12, above, who are independent to enter the number of voting members included in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, which are understand the provided in line 12, above, which is a provided to a provided the analysement company or other person? 3 No. No. Above, which is a provided the analysement company or other person? 4 No. Dot the organization become ewere during the year of a significant diversion of the organizations assets? 5 No. No. Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Dot the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization have members, stockholders, or other persons? 8 Dot the organization and provided the meetings held or written actions understaken during the year by the following: 9 The governing body? 8 The governing body? 8 The governing body? 8 The governing body? 8 The governing body? 9 The province of the governing body and the province of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Sthers are officer, director, furstee, or key employee is teld in Part VII, Section A, who cannot be reached at the part of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 If "ss," does the organization have written policies and procedures governing the activities of such chapters, inflinites? 14 Does the organization have written policies or affiliates? 15 If "ss," does the organization have written policies or affiliates?					
b Enter the number of voting members included in line 12, above, who are independent to enter the number of voting members included in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, who are understand the provided in line 12, above, which are understand the provided in line 12, above, which is a provided to a provided the analysement company or other person? 3 No. No. Above, which is a provided the analysement company or other person? 4 No. Dot the organization become ewere during the year of a significant diversion of the organizations assets? 5 No. No. Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Dot the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization have members, stockholders, or other persons? 8 Dot the organization and provided the meetings held or written actions understaken during the year by the following: 9 The governing body? 8 The governing body? 8 The governing body? 8 The governing body? 8 The governing body? 9 The province of the governing body and the province of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Sthers are officer, director, furstee, or key employee is teld in Part VII, Section A, who cannot be reached at the part of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 If "ss," does the organization have written policies and procedures governing the activities of such chapters, inflinites? 14 Does the organization have written policies or affiliates? 15 If "ss," does the organization have written policies or affiliates?	_				
b Enter the number of voting mambers included in line 1a, above, who are independent personal independent personal contribution independen	1a				
andependent to the product of the pr	ь				
Did the organization face graph and the second process of the organization face graph between the filter of the organization face graph and the second process to a management company or other person? 3		ındependent			1
3 No	2				NI -
supervision of officers, directors or trustees, or key employees to a management company or other person? . 3 No	_				N O
filed?	3		3		No
Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Ves 7c Ves 7c Ves 7c Ves 7d Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8c Each committee with authority to act on behalf of the governing body? 8d Ves 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule 0 9 Ves 8cection B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b 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 If a such a s	4		4		No
To Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Describe organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee with authority to act on behalf of the governing body? Back committee the governing body before fill the governing body before filling the form? Back committee the organization have written policies and procedures governing body before filling the form? Back committee the organization have a written oriflict of interest policy? If "No," go to line 13. Back committee the organization have a written conflict of interest policy? If "No," go to line 13. Back committee the organization have a written oriflict of interest policy? Could be process, infectors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Could be organization have a written whistleblower policy? Back could be process for determining compensation of the following persons include a review and	5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Yes 8 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Yes 8b Yes 9 I Stevenine Code.) 9 Yes	6	Does the organization have members or stockholders?	6	Yes	
Describe in Schedule Of the process, if any, used by the organization to review this Form 990 Describe in Schedule Of the process, and key employees required to disclose annually interests that could give rise to conflicts? Describe in Schedule O the process, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization required nave a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization 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? Describe the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, an	7a		7a	Yes	
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a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? 5 Eaction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 10 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," and the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," and the organization have a written document retention and destruction policy? 13 Does the organization have a written document retention and destruction policy? 14 Yes 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? a The organization's EEO, Executive Director, or top management official 15a Yes 16b Other officers or key employees of the organization 17a The organization in joint venture arrangements under applicable federal tax law, and taxen steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taxen steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taxen steps to safeguard					
Beach committee with authority to act on behalf of the governing body? 1 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
Section B. Policies (This Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Yes Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a No 15b 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 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a No 15b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes 12b Yes 12c Obes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12b Yes 12c Obes the organization have a written whistleblower policy? 12b Yes 12c Obes the organization have a written whistleblower policy? 12c Yes 12d Does the organization have a written whistleblower policy? 12c Yes 12d	а	The governing body?	8a	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a No 12a Pes 12a Pes 12b Yes 13 Does the organization have a written conflict of interest policy? If "Wo," go to line 13 13 No 14 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 14 Does the organization have a written whistleblower policy? 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? 15a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15b Ves 15c Ection C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed ►NC, NY 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No	9			Yes	
No 10a Does the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11b Does the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes 12b Yes 12c Yes 13 Does the organization have a written conflict of interest policy? If "No," go to line 13 12c Yes 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Yes 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? If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a View of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15b Ves 16c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15c Ves 15c Ves 15c Ves 15c Ves 15d Ves	Se				
10a Does the organization have local chapters, branches, or affiliates?					
b 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?				Yes	No
affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a No b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990	10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	b		10b		
Does the organization have a written conflict of interest policy? If "No," go to line 13	11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			No
Does the organization have a written conflict of interest policy? If "No," go to line 13	ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Yes 13 Does the organization have a written whistleblower policy? 14 Yes 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization f "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? 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? 15b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed NC, NY 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)		,			
to conflicts?	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
describe in Schedule O how this is done	b		12b	Yes	
describe in Schedule O how this is done	c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Does the organization have a written document retention and destruction policy?		describe in Schedule O how this is done	12c	Yes	
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? The organization's CEO, Executive Director, or top management official	13		13		No
a The organization's CEO, Executive Director, or top management official	14	Does the organization have a written document retention and destruction policy?	14	Yes	
b Other officers or key employees of the organization	15				
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?	а	The organization's CEO, Executive Director, or top management official	15a	Yes	
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?	b	Other officers or key employees of the organization	15b	Yes	
taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
taxable entity during the year?					
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?	16a		16a		No
organization's exempt status with respect to such arrangements?	b				
 List the States with which a copy of this Form 990 is required to be filed NC , NY Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) 			16b		
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	Se	ction C. Disclosure			
	17	List the States with which a copy of this Form 990 is required to be filed▶NC , NY			
	18				

- - Own website Another's website V Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ANTHONY PUGLIESE 220 LEIGH FARM ROAD DURHAM, NC 277078110

<u>Part VIII</u> 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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organ	elated organization compensate						ated any current officer, director, or trustee					
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
See Additional Data Table												

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours		() tion (that a			II		Rep comp	(D) (Reportable Reportable compensation compe			(F) Estimated amount of other		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organı	m the zation (W- 19-MISC)	from related organizations (W- 2/1099- MISC)	,	compen from organizat relat organiza	the Ion and ed	
See A	ddıtıonal Data Table	0)										+			
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												_			
	Cub Tabal							<u> </u>							
1b c	Sub-Total					•	· ·								
d	Total (add lines 1b and 1c) .							-		6,195,213		0		653,296	
2	Total number of individuals (incl \$100,000 in reportable compens	-					above) who	receive	ed more tha	n				
													Yes	No	
3	Did the organization list any forr on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch					eye •	mploy •	ee, o	r highes	t compens	ated employee	3		No	
4	For any individual listed on line 1 organization and related organization individual											4	Yes		
5	Did any person listed on line 1a									ganızatıon d	r ındıvıdual for		1		
	services rendered to the organiz	atıon? <i>If "Yes,"</i>	complet	e Sch	edul	e J f	or suct	n pers	son .		•	5		No	
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that red	ceived more	e than				
		(A) ne and business ad								Descr	(B) uption of services		(C Compe		
1050	ON DUNN & CRUTCHER LLP CONNECTICUT AVE NW 200 IINGTON, DC 20036	ie and business ad	u1C33							LEGAL	ption of services		Соттрет	703,511	
WILK:	IE FARR & GALLAGHER LLC EVENTH AVENUE YORK, NY 10019									LEGAL				618,889	
PO BO	FIRST CONSULTING DX 316 RIS PLAINS, NJ 07950									SOFTWARE D	DESIGN			587,225	
4 BEC	DHN LLP CKER FARM ROAD LAND, NJ 07068									ACCOUNTING	<u> </u>			496,850	
120 J	ON CONSULTING GROUP LLC OHN BRATTON AMSBURG, VA 23185									CONSULTING				436,239	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►32

Form **990** (2010)

Total revenue Select Sel	Part '	VII:	Statement of Reven	ue					<u> </u>
Page									(D)
Section Sect						I otal revenue	l		Revenue
Treat Add lines 2 = 21								revenue	
Section Sect							I		from tax
20 10 Forderected campaigns 1a 111,010,244 15 112,010,244 14 112,010,244 14 14 14 14 14 14 14									under
10 10 10 10 10 10 10 10									sections
1									512,
A Federated Companying 1a 133,010,041 1 100,010,041 1 1 1 1 1 1 1 1 1									513, or 514
Business Code	\$ \$2	1a	Federated campaigns	1a					
Business Code	죮	ь	Membership dues	. 1b	110,010,264				
Business Code	≎೯								
Business Code	差差				-				
Business Code	%.E								
Business Code	등등	е	Government grants (contributions)	1e					
Business Code	至至	f	All other contributions, gifts, grants similar amounts not included abov	s, and 1f re					
Business Code	풀	g							
Business Code	N E	h	Total Add lines 1a-1f	.		110,010,264			
20	<u> </u>	<u> </u>	- Iotali Add IIIIC3 Id II I		Business Code				
9 Total. Add lines 2a-2f	an.	22			Busiliess Code				
9 Total. Add lines 2a-2f .	Ĭ	Za			900099	25,418,518	25,418,518		
9 Total. Add lines 2a-2f .	9. 8.	b			544400	24 047 067	24 247 267		
9 Total. Add lines 2a-2f .	σ Œ	_			611430	24,947,367	24,947,367		
9 Total. Add lines 2a-2f .	2	`			511130	16,651,853	16,651,853		
9 Total. Add lines 2a-2f .	33	d			000000	15 272 001	15 272 001		
9 Total. Add lines 2a-2f .	Ē	e						1	
9 Total. Add lines 2a-2f .	چ				311120	3,333,343		1	
3 Investment income (including dividends, interest and other similar amounts)	Δ		_						
### 2,520,271 2,52 ### 2,520		H				89,270,707			
### Income from investment of tax-exempt bond proceeds 294,250		3				2 520 271			2,520,271
10 10 10 10 10 10 10 10					}	2,320,271			2,320,271
Company		_			}	294 250		294 250	
Case Content		3	Royalties		(u) Parcanal	23.1,233		23.,233	
Description		6a	Gross Rents	(i) Keai	(II) r ersonar				
C Rental Income or (loss) d Net rental Income or (loss) (i) Secunties (ii) Other 54,975,211 64,975,211 64,975,211 64,975,211 65,975 62,176,634 62,176,634 62,176,634 62,176,634 62,176,634 63,975 64,975,211 65,975 65,977 67,985									
A Net rental income or (loss)			-						
10 Securities (ii) Other		C							
Total revenue See Instructions Formal See Total Ray Total revenue See Instructions Total revenue See Instructions Total revenue See Instructions Total Ray Total revenue See Instructions See Inst		d	Net rental income or (loss)						
Tom sales of assets other than inventory		l_	Crass amount	, ,	(II) O ther				
The second of other basis and sales seprenses C Gan or (loss) C 2,798,577 C 18,950 C 2,779,627 C 2,77 C 2,		/a	from sales of	64,975,211					
## Other basis and sales expenses									
Sake expenses 2,798,577 -18,950 2,779,627 2,779		ь		62,176,634	18,950				
d Net gain or (loss)			sales expenses						
8a Gross income from fundraising events (not including \$		-	· · · · · · · · · · · · · · · · · · ·		-18,950	2 770 627			2 770 62-
(not including sof contributions reported on line 1c) See Part IV, line 18						2,779,027			2,779,627
c Net income or (loss) from fundraising events . • • • • • • • • • • • • • • • • • •	e E	8a		ng events					
c Net income or (loss) from fundraising events . • • • • • • • • • • • • • • • • • •	듄		\$						
c Net income or (loss) from fundraising events .	é								
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities • 10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . • Miscellaneous Revenue 11a COMM INSURANCE TRUST P b PROFESSIONAL LIABILITY c AFFINITY PROGRAMS - 900003 1,193,059 1,19 d All other revenue	<u>-</u>		sectately, interest						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities • 10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . • Miscellaneous Revenue 11a COMM INSURANCE TRUST P b PROFESSIONAL LIABILITY c AFFINITY PROGRAMS - 900003 1,193,059 1,19 d All other revenue	į	ь	Less direct expenses .	b					
b Less direct expenses	O								
c Net income or (loss) from gaming activities		9a	Gross income from gaming a	activities See Part IV, line 19 .	a				
10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue 11a COMM INSURANCE TRUST P b PROFESSIONAL LIABILITY c Affinity PROGRAMS - d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See Instructions b Less cost of goods sold . b Less cost of goods sold b Less cost of goods sold		ь	Less direct expenses .		b				
Total revenue See Instructions		С	Net income or (loss) from ga	aming activities					
a b Less cost of goods sold b b c Net income or (loss) from sales of inventory ▶ Business Code 11a COMM INSURANCE TRUST P 524298 4,253,141 3,709,724 54 b PRO FESSIONAL LIABILITY 524298 1,634,410 1,634,410 c AFFINITY PROGRAMS - d All other revenue 900003 1,193,059 1,19 d All other revenue 487,297 487,297 e Total. Add lines 11a-11d 212,443,026 9,001,472 7,03		10a		SS					
b Less cost of goods sold b b c Net income or (loss) from sales of inventory			recurns and allowances .	a					
C Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a COMM INSURANCE TRUST P 524298 4,253,141 3,709,724 54 b PRO FESSIONAL LIABILITY 524298 1,634,410 1,634,410 c AffINITY PROGRAMS - 900003 1,193,059 1,19 d All other revenue . 487,297 487,297 e Total. Add lines 11a−11d . 7,567,907 212,443,026 9,001,472 7,03		Ь	less costofacode sold						
Miscellaneous Revenue Business Code					<u> </u>				
11a COMM INSURANCE TRUST P 524298 4,253,141 3,709,724 54 b PROFESSIONAL LIABILITY 524298 1,634,410 1,634,410 c AFFINITY PROGRAMS - 900003 1,193,059 1,19 d All other revenue 487,297 487,297 487,297 e Total. Add lines 11a-11d 7,567,907 212,443,026 9,001,472 7,03					Business Code				
b PROFESSIONAL LIABILITY c AFFINITY PROGRAMS - d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See Instructions		11a		 ГР		4,253,141		3,709,724	543,417
C AFFINITY PROGRAMS - 900003 1,193,059 1,19 d All other revenue					524298				
d All other revenue				<u>'</u>					1,193,059
e Total. Add lines 11a-11d								 	,
12 Total revenue. See Instructions						107,237	137,237	 	
212,443,026 9,001,472 7,03			· IStali Add lilles 114-110	· · · · · · · •		7,567,907			
212,443,026 9,001,472 7,03		12	Total revenue. See Instruct	ions	ŀ				
1 100/22 1/2701 1						212,443,026	86,394,916		7,036,374

	990 (2010)				Page 10
Part	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all a	alumns		
Α	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,888,862			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	59,906			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	103,479			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,155,874			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,646,848			
8	Pension plan contributions (include section 401(k) and section	· · ·			
	403(b) employer contributions)	7,469,221			
9	Other employee benefits	6,815,937			
10	Payroll taxes	4,371,156			
а	Fees for services (non-employees) Management				
b	Legal	3,256,151			
c	Accounting	539,248			
d	Lobbying	1,276,143			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	338,959			
g	Other	11,868,362			
12	Advertising and promotion	3,061,060			
13	Office expenses	7,047,908			
14	Information technology	8,331,923			
15	Royalties	2,394,138			
16	Occupancy	9,543,418			
17	Travel	6,942,032			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,341,438			
20	Interest	1,198,714			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,830,738			
23	Insurance	804,417			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	COMPUTER BASED TESTING	17,756,918			
b	SALES COMMISSIONS	12,654,249			
c	MAGAZINE & TECH PUBLICA	2,963,547			
d	PROFESSIONAL DEVELOPMEN	2,955,691			
e	UNRELATED BUSINESS INCO	925,853			
f	All other expenses	4,208,442			
25	Total functional expenses. Add lines 1 through 24f	209,750,632			
26	Joint costs. Check here ▶ ┌ if following				
İ	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			6,103,386	1	40,640,557
	2	Savings and temporary cash investments			23,589,437	2	5,507,898
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,983,456	4	11,579,879
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	mploy	ers, and			
Ş.		Schedule L		6			
Assets	7	Notes and loans receivable, net			5,386,917	7	5,386,917
	8	Inventories for sale or use			1,534,422	8	1,607,193
	9	Prepaid expenses and deferred charges			34,719,342	9	14,576,687
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	37,235,354			
	b	Less accumulated depreciation	10b	16,235,928	16,563,660	10 c	20,999,426
	11	Investments—publicly traded securities	86, 185, 937	11	98,657,295		
	12	Investments—other securities See Part IV, line 11	6,870,429	12	7,716,724		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			193,936,986	16	206,672,576
	17	Accounts payable and accrued expenses .			28,078,198	17	28,263,589
	18	Grants payable				18	
	19	Deferred revenue			49,297,492	19	60,510,514
	20	Tax-exempt bond liabilities				20	
es es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			38,178,571	23	27,500,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			58,542,944	25	56,113,558
	26	Total liabilities. Add lines 17 through 25			174,097,205	26	172,387,661
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete I	ines 27			
Ce.		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			19,839,781	27	34,284,915
Balance	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
Fui		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	nplete			
٥٢		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			19,839,781	33	34,284,915
_	34	Total liabilities and net assets/fund balances			193,936,986	34	206,672,576

- Pa	Check if Schedule O contains a response to any question in this Part XI		•	. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		212.4	143,026
2	Total expenses (must equal Part IX, column (A), line 25)	2			750,632
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	592,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,8	339,78:
5	Other changes in net assets or fund balances (explain in Schedule O)	5		11,7	752,740
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		34,2	284,91!
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493163003302

OMB No 1545-0047

2010

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Interna	Il Revenue Service		Attach to Form 990 or Form 990	-EZ. ► See separat	te instructions.		Inspection
If th	e organization an	swered "Ye	s," to Form 990, Part IV, Line 3, o	r Form 990-EZ, Pa	art V, line 46 (F	Political Can	
ther							
	, , , , _		mplete Parts I-A and B Do not complete		. Do not comple	sto Dort I D	
	ection 50 f(c) (otriel ection 527 organizat		601(c)(3)) organizations Complete Pa	irts FA and C belov	v Do not comple	ele Pari FD	
	-	•	s," to Form 990, Part IV, Line 4, o	r Form 990-EZ. Pa	art VI. line 47 (Lobbyina A	ctivities), then
	-		: have filed Form 5768 (election unde		•		· · · · · · · · · · · · · · · · · · ·
• Se	ection 501(c)(3) org	anızatıons that	have NOT filed Form 5768 (election	under section 501(h)) Complete Pa	art II-B Dono	ot complete Part II-A
	_		s," to Form 990, Part IV, Line 5 (P zations Complete Part III	roxy Tax) or Fori			
	me of the organizate ERICAN INSTITUTE OF		IC ACCOUNTANTS			ployer ident -0432265	ification number
Par	t I-A Complet	te if the or	ganization is exempt under	section 501(c			organization.
1	Provide a descrip	otion of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn actı	vities in Part I\	,	
2	Political expendi		,	,,		.	¢
3	Volunteer hours	cures				-	Ψ
_	volunteer nours						
Par	t I-B Complet	te if the or	ganization is exempt under	section 501(c	c)(3).		
1	Enter the amount	of any excise	e tax incurred by the organization ur	ider section 4955		▶	\$
2	Enter the amount	of any excise	e tax incurred by organization manag	gers under section	4955	▶	\$
3	If the organizatio	n incurred a s	ection 4955 tax, did it file Form 47	20 for this year?			☐ Yes ☐ No
4a	Was a correction	made?					☐ Yes ☐ No
b	If "Yes," describ	e ın Part IV					
Par	· · · · · · · · · · · · · · · · · · ·		ganization is exempt under	section 501(c	c) except se	ction 501	(c)(3).
1	Enter the amount	directly expe	ended by the filing organization for s	ection 527 exemp	t function activ	ities 🕨	\$
2	Enter the amount exempt funtion a		rganızatıon's funds contributed to o	ther organizations	for section 527	, ►	\$
3	Total exempt fun	ctıon expendı	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 171	⊳	\$
4	Did the filing orga	anızatıon file F	Form 1120-POL for this year?				Yes No
5	Enter the names,	, addresses ar	nd employer identification number (E	IN) of all section	527 political or	ganızatıons	to which the filing
	organization mad amount of politic	le payments f al contribution	For each organization listed, enter the received that were promptly and opposite (PAC) If	ne amount paid fro directly delivered	m the filing orga to a separate po	nızatıon's fu olitical orgar	unds Also enter the nization, such as a
	(a) Name		(b) Address	(c) EIN	(d) A mount filing organ funds If none	ization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					+		
					1		
					<u> </u>		
		_					

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply	_	
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	•		
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	orm 5768
	(election under section 501(h)).		

		(8	1)	(b)
		Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
F	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
3	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is Part III-B answered "Yes".

1	Dues, assessments and similar amounts from members	1	98,458,772
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	4,475,469
b	Carryover from last year	2b	
C	Total	2c	4,475,469
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	4,922,939
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-447,470

Supplemental Information Part IV

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

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DLN: 93493163003302

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

Interna	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection
Na лмг	me of the organ	ization OF CERTIFIED PUBLIC ACCOUNTANTS		Employer identif	ication number
AMI	LRICAN INSTITUTE (OF CERTIFIED POBLIC ACCOUNTANTS		13-0432265	
Pa			lvised Funds or Other Similar F	unds or Accoun	ts. Complete if the
	organiz	zation answered "Yes" to Form 99 I	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and	d other accounts
1	Total number a	t end of vear	(a) Donor advised funds	(b) I ulius alii	d other accounts
2		tributions to (during year)			
3	Aggregate gran	nts from (during year)			
4	Aggregate valu	ue at end of year			
5		zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in don organization's exclusive legal control?	or advised	☐ Yes ☐ No
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai		┌ Yes ┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part	IV, line 7.
2	Preservat Protection Preservat Complete lines	conservation easements held by the or ion of land for public use (e g , recreation of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	on or pleasure)		ucture
	Takal noonahay a				he End of the Year
a		of conservation easements		2a	
b	_	restricted by conservation easements servation easements on a certified his	toric structure included in (a)	2b 2c	
c d		servation easements included in (c) ac		2d	
3			rred, released, extinguished, or terminate		on during
	the taxable ye	ar -			
4	Number of stat	tes where property subject to conserva	ition easement is located ►		
5		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, a	nd Yes No
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the yea	r ►
7	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during the year 🕨	\$
8		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents		
Par		izations Maintaining Collectio ete if the organization answered "	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Simila	r Assets.
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in furtherance of	
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i		
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets Inc	luded in Form 990, Part X		► \$	
2		tion received or held works of art, histo ints required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, pro	vide the
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	eası	ires, or O	<u>the</u>	r Similar Ass	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		_			n	
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	/ further	the	organızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Part IV, line 9, or reported an an				_		n answered	Y" b	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbutı	ions	or other ass	ets ı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		_				
							F		Amo	unt	
C	Beginning balance						-	1c			
d	Additions during the year						_	1d			
е	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	•									
Pai	t V Endowment Funds. Complete										
1_	December of wear balance	(a)Current Year	(b)	Prior \	/ear	(c) Tv	vo Years Back	(d)	Three Years Back (e)Four Y	ears Back
1a 	Beginning of year balance				+						
b	Contributions				-						
C	Investment earnings or losses										
d	Grants or scholarships				+						
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as						<u>'</u>		
а	Board designated or quasi-endowment										
ь	Permanent endowment ▶										
c	Term endowment ▶										
3a	Are there endowment funds not in the posse:	ssion of the organiz	ation	that a	re held	and a	admınıstered	l for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(i)		
	(ii) related organizations					•			<u> </u> 3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio							٠	3b		<u> </u>
4	Describe in Part XIV the intended uses of th					<u> </u>	V l	10			
Par	IVI Investments—Land, Buildings	s, and Equipme	<u>nτ.</u> 5						I		
	Description of investment				Cost or of		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ok value
1a l	and		•								
								200			
b E	Buildings		•				1,390,	,380	95,589		1,294,791
	ouldings						1,390, 15,455,		95,589 4,481,560		
c l	•		•					.343	•	1	0,973,783
c l d E e (easehold improvements						15,455,	.343	4,481,560	1	1,294,791 0,973,783 8,730,852

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 12</u>	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(2)200	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation
,	(=,=:::::::::::::::::::::::::::::::::::	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	tion	(b) Book value
		
		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		.
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	207,759	
DEFERED RENT	16,621,792	
DEFERRED EMPLOYEE BENEFITS	35,832,737	
COMPENSATED ABSENCE	2,244,425	
DUE FROM SUBSIDIARY-CPA2BIZ, INC	1,206,845	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	56,113,558	
	, ,	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	212,443,026
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	209,750,632
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,692,394
4	Net unrealized gains (losses) on investments	4	11,752,740
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 - 8	9	11,752,740
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,445,134
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	<u></u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Ret	turn
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	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		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV , line	s 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART X	THE INSTITUTE HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES THE INSTITUTE DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS THE INSTITUTE'S U S FEDERAL INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2008 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AS OF JULY 31, 2011 AND 2010, THE INSTITUTE DID NOT RECOGNIZE ANY INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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As Filed Data -

DLN: 93493163003302

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Employer identification number

4 M E	RICAN INSTITUTE OF CERTIFI	ED PUBLIC AC	COUNTANTS		13-0432265	
Da	rt I General Information	n on Activiti	es Outside th	ne United States Co		zation answered
	"Yes" to Form 990, Pa			ic office states. e.	ompiete ii the organiz	edion answered
1	For grantmakers. Does the	organization m	naıntaın record	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig					
	the grants or assistance?					✓ Yes
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Sub-total	0	0			C
ŀ	 Total from continuation sheets to Part I 	0	· o			C
	Totals (add lines 3a and 3b)	0	0			0

Pa	Part IV,	line 15, for an		anizations or Entitions celeved more than \$5,0					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AUSTRALIA	MEMBERSHIP FEE	50,000	CHECK/WIRE			N/A
			MALAYSIA	MEMBERSHIP FEE	35,960				
			JAMAICA		13,019				
2	Enter total nu tax-exempt b	mber of recipi	ent organizations for which the gran	listed above that are r tee or counsel has pro	recognized as charitions	es by the foreign c (c)(3) equivalency	country, recognized letter	as . •	
3	•	•	•	entities				·	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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			1				
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-			 I		,		
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	~	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	V	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	▽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	দ	No

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE ORGANIZATION PAID A MEMBERSHIP FEE TO A RELATED PROFESSIONAL ORGANIZATION

Schedule F (Form 990) 2010

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493163003302

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS 13-0432265 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RESEARCH GRANTS	5		59,906		

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.IdentifierReturn ReferenceExplanationOTHER INFORMATIONPART IVSCHEDULE I, PART I, LINE 2 THE INSTITUTE VERIFIES THAT THE GRANT RECIPIENTS HAVE THE APPROPRIATE SKILLS AND MANAGEMENT TO ESTABLISH THE AGREED UPON PROGRAMS AND ARE COMPLIANT WITH THEIR

EXEMPT PURPOSES

Software ID:

Software Version:

EIN: 13-0432265

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF LATINO PROFESSIONALS IN FINANCE AND ACCOUNTING801 SOUTH GRAND AVENUE SUITE 650 LOS ANGELES, CA 90017	32-0178401	501(C)(6)	17,500				NATIONAL CONVENTION SPONSORSHIP
AICPA FOUNDATION220 LEIGH FARM RD DURHAM,NC 27707	13-6169602	501(C)(3)	345,000		N/A		MINORITY SCHOLARSHIPS, JUDICIAL COLLEGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENHANCED BUSINESS REPORTING CONSORTIUM 1201 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	20-2522159	501(C)(6)	25,000		N/A		MEMBERSHIP DUES
THE VOLUNTEER CENTER OF DURHAM324 BLACKWELL STREET SUITE 1140 DURHAM,NC 27701	23-7128378	501(C)(3)	15,750		N/A		CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DURHAM CHAMBER OF COMMERCE PO BOX 3829 DURHAM,NC 27701	56-0207530	501(C)(6)	20,475		N/A		MEMBERSHIP & DURHAM YOUNG PROFESSIONALS
GREATER RALEIGH CHAMBER OF COMMERCE PO BOX 2978 RALEIGH, NC 27602	56-0370850	501(C)(6)	15,345		N/A		MEMBERSHIP FEE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL FEDERATION OF ACCOUNTANTS545 FIFTH AVENUE NEWYORK, NY 10017	13-2915461	501(C)(6)	2,905,051				MEMBERSHIP DUES
NATIONAL ASSOCIATION OF BLACK ACCOUNTANTS INC7249 A HANOVER PARKWAY GREENBELT,MD 20770	23-7097490	501(C)(3)	25,000		N/A		SPONSOR REGIONAL CONFERENCE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEC HISTORICAL SOCIETY 1101 PENNSYLVANIA AVENUE NWEVENING STAR BUILDING WASHINGTON, DC 20004	52-2213646	501(C)(3)	15,000		N/A		CONTRIBUTION
EBRIERF1100 13TH ST NW SUITE 878 WASHINGTON, DC 20005	52-1190398	501(C)(3)	25,000		N/A		SUSTAINING PARTNER CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CPASOCIETY EXECUTIVES ASSN2400 VETERANS BLVD SUITE 500 KENNER,LA 70062		501(C)(6)	10,000		N/A		SCHOLARSHIPS
CHAPEL-HILL CARRBORO CHAMBER OF COMMERCE 104 S ESTES DRIVE CHAPEL HILL, NC 27514	56-0798467	501(C)(6)	15,000				MEMBERSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DURHAM ART GUILD 120 MORRIS STREET DURHAM,NC 27701	56-0798002	501(C)(3)	9,500				CONTRIBUTION
JUMPSTART COALITION 919 18TH STREET NW SUITE 300 WASHINGTON, DC 20006	52-2031287	501(C)(3)	6,500				EXHIBITOR FEES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC CHAMBER OF COMMERCE1213 K STREET NW WASHINGTON, DC 20005	23-7158230	501(C)(6)	250,000				MEMBERSHIP FEES
BUSINESS PROFESSIONAL OF AMERICA5454 CLEVELAND AVE COLUMBUS,OH 43231	31-1135712	501(C)(3)	12,000				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCEND INC120 WALL STREET 3RD FLOOR NEW YORK, NY 10005	51-0527847	501(C)(3)	5,500				CONVENTION
DURHAM PUBLIC SCHOOLSPO BOX 300002 DURHAM,NC 27702	56-6001021	501(C)(6)	11,200				CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XBRL1050 CONNECTICUT AVENUE NW STE 400 WASHINGTON,DC 20036	20-5592157	501(C)(6)	50,000				MEMBERSHIP FEES
CALCPA1800 GATEWAY DRIVE SUITE 200 SAN MATEO,CA 944044072	94-1056137	501(C)(6)	6,909				CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FBLA-PBL INC1912 ASSOCIATION DRIVE RESTON,VA 201911591		501(C)(3)	6,000				CONTRIBUTION
NATIONAL CONFERENCE OF CPA PRACTITIONERS22 JERICHO TURNPIKE SUITE 110 MINEOLA,NY 11501		501(C)(6)	5,500				SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJSCPA EDUCATION FOUNDATION INC425 EAGLE ROCK AVENUE STE 100 ROSELAND,NJ 07068	22-3100961	501(C)(3)	7,500				CONTRIBUTION
SOMERSET MEDICAL CENTER FOUNDATION INC 110 REHILL AVE SOMERVILLE, NJ 088762598	22-3294408	501(C)(3)	7,500				CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM CHAMBR LEGACY FOUNDATIONPO BOX 3829 DURHAM,NC 27702	33-1132350	501(C)(3)	15,000				CONTRIBUTION
CURATORS OF THE UNIVERSITY OF MISSOURI 118 UNIVERSITY HALL COLUMBIA,MO 65211	26-6440629	501(C)(3)	14,750				CONTRIBUTION

DLN: 93493163003302

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

13-0432265

Pai	t I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant					
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	or a related organization		I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, licompensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)\text{?}$	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BARRY C MELANCON	(I) (II)	1,006,869 0	428,400 0	73,674 0	8,423 0	33,767 0	1,551,133 0	637,056
(2) ANTHONY PUGLIESE	(I) (II)	375,709 0	80,220 0	60,120 0	41,603 0	9,024 0	566,676 0	259,75 <u>4</u> (
(3) RICHARD MILLER	(I) (II)	498,772 0	0 0	44,987 0	127,401 0	32,837 0	703,997 0	328,421
(4) ARLEEN THOMAS	(I) (II)	444,893 0	84,004 0	36,583 0	81,181 0	15,495 0	662,156 0	344,910 (
(5) CHARLES E LANDES	(I) (II)	342,281 0	27,200 0	16,828 0	68,733 0	23,019 0	478,061 0	234,845
(6) CRAIG MILLS	(1) (11)	319,754 0	80,000 0	10,837 0	71,093 0	11,198 0	492,882 0	184,902
(7) CYNTHIA FORNELLI	(1) (11)	864,870 0	297,500 0	5,375 0	30,688 0	23,937 0	1,222,370 0	508,739
(8) MARK PETERSON	(I) (II)	393,361 0	40,000 0	57,053 0	38,419 0	27,702 0	556,535 0	302,345
(9) SUSAN COFFEY	(I) (II)	445,383 0	43,290 0	47,300 0	42,571 0	29,167 0	607,711	283,735
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493163003302

OMB No 1545-0047

2010

Open to Public
Inspection

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.

Name of the organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Employer identification number

13-0432265

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		INDIVIDUALS ARE ELIGIBLE TO BECOME VOTING MEMBERS IF THEY MEET AT LEAST ONE OF THE FOLLOWING CRITERIA POSSESS A VALID AND UNREVOKED CPA CERTIFICATE ISSUED BY A LEGALLY CONSTITUTED AUTHORITY (THE ADMISSION REQUIREMENT BEFORE THE RECENT BY LAW CHANGE) AT ANY TIME POSSESSED A VALID CPA CERTIFICATE, AS LONG AS THE CERTIFICATE WAS NOT REVOKED AS A RESULT OF A DISCIPLINARY ACTION FULFILL THE EDUCATION, EXAMINATION AND EXPERIENCE REQUIREMENTS OF THE UNIFORM ACCOUNTANCY ACT (UAA) FOR CPA CERTIFICATION THIS INVOLVES COMPLETING 150 HOURS OF EDUCATION, PASSING THE CPA EXAM AND HAVING AT LEAST ONE YEAR OF WORK EXPERIENCE. THE UAA IS THE CERTIFICATION/LICENSURE MODEL APPROVED BY BOTH THE NATIONAL ASSOCIATION OF STATE BOARDS OF ACCOUNTANCY AND THE AICPA

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		PER THE AICPA BY LAWS, THERE SHALL BE AT LEAST ONE MEMBER OF COUNCIL DIRECTLY ELECTED BY THE MEMBERS OF THE INSTITUTE IN EACH STATE HAVING ONE OR MORE PERSONS ON THE MEMBERSHIP LISTS OF THE INSTITUTE THE TOTAL NUMBER OF DIRECTLY ELECTED MEMBERS OF COUNCIL SHALL BE EIGHTY-FIVE THE NUMBER OF SEATS SHALL BE EQUITABLY ALLOCATED AMONG THE STATES IN DIRECT PROPORTION TO THE NUMBER OF INSTITUTE MEMBERS ENROLLED FROM EACH STATE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MINUTES OF THE COUNCIL ARE PREPARED AND APPROVED AT EACH SUBSEQUENT COUNCIL MEETING

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS ENGAGES AN INDEPENDENT CPA TAX PROFESSIONAL TO PREPARE THE FORM 990 BOARD MEMBERS GENERALLY FEEL THAT THIS IS THE APPROPRIATE FIDUCIARY PROCESS THE BOARD OR AUDIT COMMITTEE'S ROLE IS TO EVALUATE THE PERSON(S) OR FIRM HIRED TO PREPARE THE TAX RETURN AND TO DETERMINE THAT IT IS APPROPRIATELY FILED THE INSTITUTE HAS TAKEN THESE STEPS WITH THE AUDIT COMMITTEE. A REVIEW OF THE FINAL VERSION OF THE FORM 990 WAS ALSO PERFORMED BY MEMBERS OF THE AICPA'S FINANCE MANAGEMENT TEAM

Identifier	Return Reference	Explanation
	1	THE INSTITUTE MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY SUCH ACTIONS AS A REVIEW OF HIRED CONSULTANTS TO DETERMINE IF INDEPENDENCE DOES EXIST AND AN ENVIRONMENTAL SCAN OF BUSINESS NEWS TO ENSURE THAT NO CONFLICTS EXIST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE AICPA EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF THE BOARD CHAIR, PAST CHAIR, CHAIR OF FINANCE, CHAIR OF AUDIT AND ONE OTHER BOARD MEMBER, REVIEW ALL MATTERS OF COMPENSATION RELATIVE TO THE INSTITUTE'S PRESIDENT AND KEY OFFICERS. THE COMMITTEE'S ROLES AND RESPONSIBILITIES INCLUDE, 1) ENSURING THAT THE INSTITUTE'S EMPLOY EE COMPENSATION AND PAY PRACTICES ARE CONSISTENT WITH INSTITUTE VALUES AND COMPETITIVE PRACTICES IN THE MARKETPLACE, 2) ESTABLISHING AND ANNUALLY REVIEWING THE COMPENSATION OF THE INSTITUTE'S PRESIDENT AND KEY OFFICERS (INCLUDING A REVIEW OF THE CASH COMPENSATION, BENEFITS, PERQUISITES AND CONDITIONS OF EMPLOY MENT) 3) PERIODICALLY REVIEWING THE EMPLOY EES' BENEFITS WITH REGARD TO COSTS AND LIABILITIES AND 4) REVIEWING THE ACTIVITIES ANALY SES PREPARED BY THE AICPA'S EXTERNAL COMPENSATION CONSULTANT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PART VI, SEC C, # 19, THE INSTITUTE'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE INSTITUTE'S WEB SITE WWW AICPA ORG

ldentifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	ALLYSON B BAUMEISTER - 512 MAIN STREET, STE 1500, FT WORTH, TX 76102 CHARLES WEINSTEIN - 750 THIRD AVENUE, NEW YORK, NY 10017 F CARTER HEIM - 1997 ANNAPOLIS EXCHANGE PKWY, STE 310, ANNAPOLIS, MD 21401 GREGORY J ANTON - 303 EAST 17TH AVENUE SUITE 600, DENVER, CO 80203 HENRY KEIZER - 345 PARK AVENUE, NEW YORK, NY 10154 JAY J MOELLER - 1930 PRIME COURT SUITE 103, TROY, OH 45373 JEFFERY R HOOPS - 5 TIMES SQUARE, NEW YORK, NY 10036 KAREN PINCUS - UNIV OF ARKANSAS, ROOM 401, FAYETEVILLE, AR 72701 MARK L HILDEBRAND - 3815 RIVER CROSSING PKWY, STE 300, INDIANAPOLIS, IN 46240 MONICA S SONNIER - 845 CROSSOVER LANE, SUITE 150, MEMPHIS, TN 38117 PATRICIA COCHRAN - PO BOX 295, MCARTHUR, CA 96056 PAUL V STAHLIN - 70 EAST MAIN STREET, SOMERVILLE, NJ 08876 RICHARD J CATARUNO - 80 CITY SQUARE, BOSTON, MA 02129 RICHARD MILLER - 66 EAGLE STREET, CHESTNUT RIDGE, NY 10977 ROBERT GRAHAM - 6843 MAIN STREET, MIAMI LAKES, FL 33014 ROBERT R HARRIS - 5070 NORTH HIGHWAY A1A, VERO BEACH, FL 32963 RODNEY M HARANO - 700 BISHOP ST, STE 1040, HONOLULU, HI 96813 TERESA C MASON - 180 GRAND AVENUE, SUITE 1365, OAKLAND, CA 94612 TERRY E BRANSTAD - 3200 GRAND AVENUE, DES MOINES, IA 50312 TOMMYE E BARIE - 1301 SIXTH AVENUE WEST, SUITE 600, BRADENTON, FL 34205 WILLIAM A MCKENNA, JR - 42 DOROTHY GRACE ROAD, SAUGERTIES, NY 12477 WILLIAM D SCHNEIDER SR - 208 S AKARD ST, RM 2858, DALLAS, TX 75202 WILLIAM L REEB - 2603 PEARCE ROAD, AUSTIN, TX 78730

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 11,752,740

Identifier	Return Reference	Explanation
	FORM 990, PART XI,	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493163003302

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DURHAM, NC 22707 13-2937976

Name of the organization **Employer identification number** AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS 13-0432265 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state (b) (d) (e) Name, address, and EIN of disregarded entity Primary activity Total income End-of-year assets Direct controlling or foreign country) entity (1) NORTHSTAR CONFERENCES LLC 220 LEIGH FARM ROAD CONFERENCES DF 0 O N/A DURHAM, NC 27707 06-1623588 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Section 512(b) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section (13) controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) ACCOUNTING RESEARCH ASSOCIATION DEVELOP AND ESTABLISH 220 LEIGH FARM ROAD FINANCIAL GOVERNMENT DE 501(C)(6) N/A N/A ACCOUNTING REPORTING DURHAM, NC 27707 STANDARDS 13-6227058 (2) AICPA BENVOLENT FUND PROVIDE FINANCIAL 220 LEIGH FARM ROAD ASSISTANCE TO NEEDY NY501(C)(3) 509(A)(2) MEMBERS OF AICPA DURHAM, NC 27707 13-6168775 (3) AICPA FOUNDATION ADVANCES ACCOUNTING 220 LEIGH FARM ROAD PROFESSION AND DC 501(C)(3) 509(A)(1) N/A No EDUCATION DIVERSITY DURHAM, NC 27707 13-6169602 (4) AICPA EDCUATIONAL FUND INC PROVIDES SPEAKERS FOR 220 LEIGH FARM ROAD EDUCATIONAL SEMINARS NY N/A lνο 501(C)(3) 509(A)(3) FOR THE ACCOUNTING DURHAM, NC 27707 PROFESSION 13-3552063 (5) CPA'S IN SUPPORT OF AMERICA FINANCIAL ASSISTANCE TO 220 LEIGH FARM ROAD VICTIMS OF TERRORIST NY 501(C)(3) 509(A)(1) N/A lνο ATTACKS AND NATURAL DURHAM, NC 27707 DISASTERS 13-4188683 (6) AICPA'S CORPORATE CITZENSHIP FOUNDATION INC 220 LEIGH FARM ROAD ASSISTS LOCAL CHARITIES NY 501(C)(3) 509(A)(1) N/A DURHAM, NC 27707 90-0404724 (7) AICPA POLITICAL ACTION COMMITTEE CONTRIBUTES TO 220 LEIGH FARM ROAD CANDIDATES FOR FEDERAL DC 527 N/A No ELECTIVE OFFICE

Part III	Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
220 LEIGH FARM ROAD	MANAGE SHARED SERVICES BETWEEN AICPA AND STATE SOCIETIES	DE	N/A	ROYALTIES	-1,507	16,562		No			No	
Part IV Identif	fication of Relat	ed Org	anizations Tax	able as a Corpor	ation or Trust (Complete if the	organ	ızatıor	answered "Yes"	on Fo	orm 9	90, Part IV,

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	INTERNET PORTAL MARKETING	DE	N/A	С	1,074,856	11,453,873	63 450 %

Sche	edule R (Form 990) 2010		Pa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b		No
С	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
a	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
_				
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k		1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
•	Reimbursement paid to other organization for expenses	10		No
_		1p		No
р	Kembursement paid by other organization for expenses			
q	O ther transfer of cash or property to other organization(s)	1 q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b)	(d)		
	(a) Transaction (c) Method of de		nına am	nount

(a) Name of other organization	(D) Transaction type(a-r)	(c) Amount involved	(a) Method of determining amount involved
(1) CPA2BIZ INC	А	2,292,725	
(2) CPA2BIZ INC	D	0	
(3) CPA2BIZ INC	L	15,618,101	
(4) CPA2BIZ INC	М		
(5) CPA2BIZ INC	N		
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		all ners non c)(3) rations?	(e) Share of end-of-year assets	(f) Dispropitionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	1
			-				\vdash		+	╁
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			<u> </u>							

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 13-0432265

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Re	lated lax-Exempt Org	anizations					
(a) Name, address, and EIN of related organization	(b) Primary activity (c) Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(g) on 512 (13) rolled ization
						Yes	No
ACCOUNTING RESEARCH ASSOCIATION 220 LEIGH FARM ROAD DURHAM, NC27707 13-6227058	DEVELOP AND ESTABLISH FINANCIAL GOVERNMENT ACCOUNTING REPORTING STANDARDS	DE	501(C)(6)	N/A	N/A		No
AICPA BENVOLENT FUND 220 LEIGH FARM ROAD DURHAM, NC27707 13-6168775	PROVIDE FINANCIAL ASSISTANCE TO NEEDY MEMBERS OF AICPA	NY	501(C)(3)	509(A)(2)	N/A		No
AICPA FOUNDATION 220 LEIGH FARM ROAD DURHAM, NC27707 13-6169602	ADVANCES ACCOUNTING PROFESSION AND EDUCATION DIVERSITY	DC	501(C)(3)	509(A)(1)	N/A		No
AICPA EDCUATIONAL FUND INC 220 LEIGH FARM ROAD DURHAM, NC27707 13-3552063	PROVIDES SPEAKERS FOR EDUCATIONAL SEMINARS FOR THE ACCOUNTING PROFESSION	NY	501(C)(3)	509(A)(3)	N/A		No
CPA'S IN SUPPORT OF AMERICA 220 LEIGH FARM ROAD DURHAM, NC27707 13-4188683	FINANCIAL ASSISTANCE TO VICTIMS OF TERRORIST ATTACKS AND NATURAL DISASTERS	NY	501(C)(3)	509(A)(1)	N/A		No
AICPA'S CORPORATE CITZENSHIP FOUNDATION INC 220 LEIGH FARM ROAD DURHAM, NC27707 90-0404724	ASSISTS LOCAL CHARITIES	NY	501(C)(3)	509(A)(1)	N/A		No
AICPA POLITICAL ACTION COMMITTEE 220 LEIGH FARM ROAD DURHAM, NC22707 13-2937976	CONTRIBUTES TO CANDIDATES FOR FEDERAL ELECTIVE OFFICE	DC	527		N/A		No

Software ID: Software Version:

EIN: 13-0432265

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC

ACCOUNTANTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week	Posi t	tion (hat a	che	')			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
ALLYSON B BAUMEISTER DIRECTOR	1 00	Х						0	0	0	
BARRY C MELANCON PRESIDENT & CEO	40 00	Х		х				1,508,943	0	30,229	
CHARLES WEINSTEIN DIRECTOR	1 00	Х						0	0	0	
F CARTER HEIM DIRECTOR	1 00	Х						0	0	0	
GREGORY JANTON VICE CHAIRMAN	1 00	Х						0	0	0	
HENRY KEIZER DIRECTOR	1 00	Х						0	0	0	
JAY J MOELLER DIRECTOR	1 00	Х						0	0	0	
JEFFERY R HOOPS DIRECTOR	1 00	Х						0	0	0	
KAREN PINCUS DIRECTOR	1 00	Х						0	0	0	
MARK L HILDEBRAND DIRECTOR	1 00	Х						0	0	0	
MONICA S SONNIER DIRECTOR	1 00	Х						0	0	0	
PATRICIA COCHRAN DIRECTOR	1 00	Х						0	0	0	
PAUL V STAHLIN CHAIRMAN	5 00	Х		х				0	0	0	
RICHARD J CATARUNO DIRECTOR	1 00	Х						0	0	0	
ROBERT GRAHAM DIRECTOR	1 00	Х						19,150	0	0	
ROBERT R HARRIS IMMEDIATE PAST CHAIRMAN	1 00	Х						0	0	0	
RODNEY M HARANO DIRECTOR	1 00	Х						0	0	0	
TERESA C MASON DIRECTOR	1 00	Х						0	0	0	
TERRY E BRANSTAD DIRECTOR	1 00	Х						19,150	0	0	
TOMMYE E BARIE DIRECTOR	1 00	Х						0	0	0	
WILLIAM A MCKENNA JR DIRECTOR	1 00	Х						31,650	0	0	
WILLIAM D SCHNEIDER SR DIRECTOR	1 00	Х						0	0	0	
WILLIAM L REEB DIRECTOR	1 00	Х						0	0	0	
ANTHONY PUGLIESE SVP-FINANCE, MEMBERSHIP, O	40 00			Х				516,049	0	47,402	
RICHARD MILLER SECRETARY	40 00			Х				543,759	0	145,338	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

							_			
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ARLEEN THOMAS SVP-MANAGEMENT ACCOUNTING	40 00				х			565,480	0	90,895
CHARLES E LANDES VP-PROFESSIONAL STANDARDS & SERVICES	40 00					х		386,309	0	85,423
CRAIG MILLS VP-EXAMINATIONS & CPE	40 00					х		410,591	0	76,972
CYNTHIA FORNELLI EXECUTIVE DIRECTOR	40 00					х		1,167,745	0	47,253
MARK PETERSON SVP-GOVERNMENTAL & PUBLIC AFFAIRS	40 00					х		490,414	0	62,856
SUSAN COFFEY SVP-PUBLIC PRACTICE & GLOBAL ALLIANCES	40 00					х		535,973	0	66,928