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 private foundations)**

► Do not enter social security numbers on this form as it may be made public
► Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 08-01-2014 , and ending 07-31-2015**

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
220 LEIGH FARM ROAD

City or town, state or province, country, and ZIP or foreign postal code
DURHAM, NC 277078110

**D Employer identification number**
13-0432265

E Telephone number
(919)402-4500

G Gross receipts $ 331,610,378

F Name and address of principal officer
BARRY MELANCON
1211 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) ( 6 ) ◄ (insert no ) ☐ 4947(a)(1) or ☐ 527

J **Website:** ► WWW AICPA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation 1916

M State of legal domicile DC

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS IS A MEMBERSHIP ORGANIZATION WHOSE PRIMARY EXEMPT PURPOSES ARE TO SERVE AND UNITE THE ACCOUNTANCY PROFESSION, TO DEVELOP AND MAINTAIN HIGH PROFESSIONAL STANDARDS, TO ADVANCE THE SCIENCE OF ACCOUNTANCY, TO DEVELOP AND IMPROVE ACOUNTANCY EDUCATION AND TO PROVIDE FOR THE EXAMINATION OF CANDIDATES

2 Check this box ►☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 262 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 259 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 946 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 1,850 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 4,578,658 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 243,945 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 124,438,832 | 131,063,470 |
| | 9 | Program service revenue (Part VIII, line 2g) | 88,848,281 | 93,327,346 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 7,136,991 | 11,177,112 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,257,774 | 9,088,577 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 229,681,878 | 244,656,505 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 4,844,804 | 5,654,425 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 98,918,872 | 117,189,229 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ►0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 119,443,546 | 125,682,692 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 223,207,222 | 248,526,346 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 6,474,656 | -3,869,841 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 227,001,482 | 225,740,262 |
| | 21 | Total liabilities (Part X, line 26) | 185,162,219 | 191,680,662 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 41,839,263 | 34,059,600 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

****** | 2016-04-26
Signature of officer | Date

ANTHONY PUGLIESE SVP & COO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| THOMAS LANNING | THOMAS LANNING | | | P00851654 |

Firm's name ► COHNREZNICK LLP | Firm's EIN ► 22-1478099

Firm's address ► 4 BECKER FARM ROAD
ROSELAND, NJ 07068 | Phone no (973) 228-3500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . . ☑

1 Briefly describe the organization's mission

THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS IS A MEMBERSHIP ORGANIZATION WHOSE PRIMARY EXEMPT PURPOSES ARE TO SERVE AND UNITE THE ACCOUNTANCY PROFESSION, TO DEVELOP AND MAINTAIN HIGH PROFESSIONAL STANDARDS, TO ADVANCE THE SCIENCE OF ACCOUNTANCY, TO DEVELOP AND IMPROVE ACOUNTANCY EDUCATION AND TO PROVIDE FOR THE EXAMINATION OF CANDIDATES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . . . . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

MEMBERSHIP SERVICES APPROXIMATELY 412,000 VOTING MEMBERS HAVE ACCESS TO A VARIETY OF MEMBERSHIP PRODUCTS & SERVICES, SUCH AS EDUCATIONAL SERVICES

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

UNIFORM CPA EXAMINATIONS TOTAL NUMBER OF EXAM SECTIONS GRADED - APPROXIMATELY 239,000

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

CONTINUING PROFESSIONAL EDUCATION COURSES AND CONFERENCES, GAVE OVER 3,000 CPE PRESENTATIONS WITH NUMEROUS CPE INDIVIDUAL STUDY COURSES AND 75 CONFERENCES FOR MEMBERS

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | | No |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 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? *If "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 for which 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 for escrow or custodial account liability, 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 | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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 and XII* | 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 and XII 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 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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? *If "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? *If "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 hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | Yes | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | 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 through 24d and complete Schedule K. If "No," go to line 25a* | 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), 501(c)(4), and 501(c)(29) 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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) | | | |
| a | 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 |
| c | 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 | | No |
| 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, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, 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* | 35b | Yes | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . . . . . . . . ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | **1a** | 467 | | | |
| **b** | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | **1b** | 0 | | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | **1c** | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 946 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | **2b** | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | Yes | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | **3b** | Yes | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | **5a** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | **5c** | | |
| **6a** | 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 as charitable contributions? | | | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | 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** | | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | | |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | | |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | **8** | | |
| **9a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | 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** | | |
| **b** | 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 | **13b** | | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | | |

**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.*

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

## Section A. Governing Body and Management

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . | 1a | 262 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . | 1b | 259 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . | | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . | | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . | | | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . | | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . | | | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | |
| a | The governing body? . . . | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . | | | 8b | Yes | |
| 9 | 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* . . . | | | 9 | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . | 11a | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? . . . | 13 | | No |
| 14 | Did 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 CEO, Executive Director, or top management official . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . | 16b | | |

## 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)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶ANTHONY PUGLIESE

220 LEIGH FARM ROAD
DURHAM, NC 277078110 (919) 402-4500

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . .

## 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 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, or 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 organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** | | | |
| **d** | **Total (add lines 1b and 1c)** | 7,417,713 | 0 | 605,565 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶247

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | Yes | |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| KILPATRICK TOWNSEND & STOCKTON LLP<br>4208 SIX FORKS RD<br>RALEIGH, NC 27609 | LEGAL | 971,470 |
| GIBSON DUNN & CRUTCHER LLP<br>200 PARK AVENUE<br>NEW YORK, NY 101660193 | LEGAL | 634,241 |
| COHNREZNICK LLP<br>4 BECKER FARM ROAD<br>ROSELAND, NJ 07068 | AUDITING | 595,342 |
| PLINK COACHING CENTER FOR EXCELLENCE LLC<br>9024 MOUNTAINBERRY CIR<br>FREDERICK, MD 21702 | CONSULTING | 537,426 |
| APPLIED RESEARCH AND CONSULTING LLC<br>320 WEST 13TH STREET 7TH FLOOR<br>NEW YORK, NY 10014 | CONSULTING | 330,208 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶16

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . . . .

| Section | Line | Description | Ref / Business Code | Amount | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | 131,063,470 | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | | |
| | h | **Total.** Add lines 1a-1f | | | 131,063,470 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | CONFERENCES | 611430 | | 28,370,072 | 28,370,072 | | |
| | b | UNIFORM CPA/APFS EXAMS | 900099 | | 23,820,784 | 23,820,784 | | |
| | c | PROFESSIONAL DEVELOPMENT | 900099 | | 19,572,172 | 19,572,172 | | |
| | d | TECHNICAL PUBLICATION | 511130 | | 14,703,808 | 14,703,808 | | |
| | e | MAGAZINE PUBLICATIONS | 511120 | | 6,076,989 | 1,923,764 | 4,153,225 | |
| | f | All other program service revenue | | | 783,521 | 783,521 | | |
| | g | **Total.** Add lines 2a–2f | | | 93,327,346 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 2,293,328 | | | 2,293,328 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | 6,690,281 | | 209,433 | 6,480,848 |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | 500,004 | | | | | |
| | b | Less rental expenses | 500,004 | | | | | |
| | c | Rental income or (loss) | 0 | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 95,337,653 | | | | | |
| | b | Less cost or other basis and sales expenses | 86,453,869 | | | | | |
| | c | Gain or (loss) | 8,883,784 | | | | | |
| | d | Net gain or (loss) | | | 8,883,784 | | | 8,883,784 |
| | 8a | Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b | Less direct expenses | b | | | | | |
| | 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 | Business Code | | | | | |
| | 11a | AFFINITY PROGRAMS - | 900003 | | 1,616,720 | | | 1,616,720 |
| | b | ADMIN FEE FROM INSURANCE TRUST | 900099 | | 216,000 | | 216,000 | |
| | c | | | | | | | |
| | d | All other revenue | | | 565,576 | 477,281 | | 88,295 |
| | e | **Total.** Add lines 11a–11d | | | 2,398,296 | | | |
| | 12 | **Total revenue.** See Instructions | | | 244,656,505 | 89,651,402 | 4,578,658 | 19,362,975 |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . . . . . . . . . . ☑

| **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 5,328,709 | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 85,320 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 240,396 | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 7,855,647 | | | |
| 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 | 72,633,207 | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 20,643,119 | | | |
| 9 Other employee benefits | 10,397,633 | | | |
| 10 Payroll taxes | 5,659,623 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 1,069,228 | | | |
| c Accounting | 620,931 | | | |
| d Lobbying | 796,428 | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 461,372 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 29,360,890 | | | |
| 12 Advertising and promotion | 3,440,961 | | | |
| 13 Office expenses | 7,735,816 | | | |
| 14 Information technology | 11,637,950 | | | |
| 15 Royalties | 1,654,503 | | | |
| 16 Occupancy | 8,463,681 | | | |
| 17 Travel | 10,016,241 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 18,972,748 | | | |
| 20 Interest | 156,689 | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,531,728 | | | |
| 23 Insurance | 1,431,101 | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a SALES COMMISSIONS | 14,967,607 | | | |
| b PROFESSIONAL DEVELOPMEN | 3,661,433 | | | |
| c PUBLICATIONS | 1,907,147 | | | |
| d UNRELATED BUSINESS INCO | 89,451 | | | |
| e All other expenses | 2,706,787 | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 248,526,346 | | | |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . ☐

| Section | Line | Description | | | (A) Beginning of year | Line | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | | 6,658,756 | 1 | 6,572,067 |
| | 2 | Savings and temporary cash investments | | | 49,799,248 | 2 | 40,602,089 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 12,898,035 | 4 | 11,171,573 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 5,386,917 | 7 | 5,386,917 |
| | 8 | Inventories for sale or use | | | 1,112,278 | 8 | 1,488,184 |
| | 9 | Prepaid expenses and deferred charges | | | 12,930,052 | 9 | 19,224,548 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 46,148,134 | | | |
| | b | Less accumulated depreciation | 10b | 28,854,241 | 19,885,615 | 10c | 17,293,893 |
| | 11 | Investments—publicly traded securities | | | 110,388,418 | 11 | 116,435,276 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 7,942,163 | 12 | 7,565,715 |
| | 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) | | | 227,001,482 | 16 | 225,740,262 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 36,562,375 | 17 | 36,951,514 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 87,812,217 | 19 | 90,855,703 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 1,933,552 | 21 | 1,790,427 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 8,810,000 | 23 | 3,810,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | 50,044,075 | 25 | 58,273,018 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 185,162,219 | 26 | 191,680,662 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | | |
| | 27 | Unrestricted net assets | | | 41,839,263 | 27 | 34,059,600 |
| | 28 | Temporarily restricted net assets | | | | 28 | |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 41,839,263 | 33 | 34,059,600 |
| | 34 | Total liabilities and net assets/fund balances | | | 227,001,482 | 34 | 225,740,262 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 244,656,505 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 248,526,346 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -3,869,841 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 41,839,263 |
| 5 | Net unrealized gains (losses) on investments | 5 | -3,909,822 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 34,059,600 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

## Additional Data

**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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) ANNE M NORTHUP<br>DIRECTOR | 1 00 | X | | | | | | 45,400 | 0 | 0 |
| (1) BARRY C MELANCON<br>PRESIDENT & CEO | 40 00 | X | | X | | | | 1,826,257 | 0 | 142,859 |
| (2) BLANCHE LINCOLN<br>DIRECTOR | 1 00 | X | | | | | | 29,750 | 0 | 0 |
| (3) DAVID K MORGAN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (4) DEANN A HILL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (5) DORRI C MCWHORTER<br>DIRECTOR | 1 00<br>0 30 | X | | | | | | 0 | 0 | 0 |
| (6) EDUARDO JORDAN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) ERIC L HANSEN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) FAYE D MILLER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) GARY W REYNOLDS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) GRANT ASHLEY<br>DIRECTOR | 1 00<br>0 30 | X | | | | | | 0 | 0 | 0 |
| (11) JAMES C BOURKE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) JEAN M HOBBY<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) KENNETH A MACIAS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) KIMBERLY N ELLISON-TAYLOR<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) MARJERY L PIERCEY<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) MARK PETER BEGICH<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (17) MYRIAM MADDEN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (18) NANCY A BAGRANOFF<br>DIRECTOR | 1 00<br>0 30 | X | | | | | | 0 | 0 | 0 |
| (19) RICHARD J CATURANO<br>IMMEDIATE PAST CHAIRMAN | 5 00 | X | | | | | | 0 | 0 | 0 |
| (20) STEPHEN W CHRISTIAN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (21) THERESA GRAFENSTINE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (22) THOMAS BRODERICK<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (23) THOMAS D FOARD<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (24) THOMAS E HILTON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (26) TIM CHRISTEN<br>VICE CHAIRMAN | 10 00 | X | | X | | | | 0 | 0 | 0 |
| (1) TOMMYE E BARIE<br>CHAIR & VICE CHAIRMAN & DIRECTOR | 25 00 | X | | X | | | | 0 | 0 | 0 |
| (2) TRACEY C GOLDEN<br>DIRECTOR | 1 00<br>0 30 | X | | | | | | 0 | 0 | 0 |
| (3) WILLIAM E BALHOFF<br>IMMEDIATE PAST CHAIRMAN & CHAIRMAN | 10 00 | X | | X | | | | 0 | 0 | 0 |
| (4) ANTHONY PUGLIESE<br>TREASURER | 40 00<br>0 90 | | | X | | | | 742,231 | 0 | 52,855 |
| (5) MICHAEL BUDDENDECK<br>SECRETARY | 40 00 | | | X | | | | 352,767 | 0 | 62,569 |
| (6) ARLEEN THOMAS<br>SVP - MANAGEMENT ACCOUNTING | 40 00 | | | | X | | | 682,794 | 0 | 81,255 |
| (7) CYNTHIA FORNELLI<br>EXECUTIVE DIRECTOR | 40 00 | | | | | X | | 1,329,408 | 0 | 50,854 |
| (8) JANICE MAIMAN<br>SVP-COMMUNICATIONS & MEDIA RELATIONS | 40 00 | | | | | X | | 490,346 | 0 | 58,958 |
| (9) MARK PETERSON<br>SVP - GOVERNMENTAL & PUBLIC AFFAIRS | 40 00 | | | | | X | | 591,211 | 0 | 59,563 |
| (10) SUSAN COFFEY<br>SVP - PUBLIC PRACTICE & GLBL ALLIANCES | 40 00 | | | | | X | | 669,895 | 0 | 48,186 |
| (11) WILLIAM CARMICHAEL<br>SVP - STRATEGY, PEOPLE & INNOVATION | 40 00 | | | | | X | | 549,654 | 0 | 48,466 |
| (12) RICHARD MILLER<br>FORMER SECRETARY | 8 00 | | | | | | X | 108,000 | 0 | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130020866 |
|---|---|---|

**SCHEDULE C**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# 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.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047
**2014**
**Open to Public Inspection**

**If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | Employer identification number |
|---|---|
| AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS | 13-0432265 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
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**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |

| 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 |

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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 separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 2011 | **(b)** 2012 | **(c)** 2013 | **(d)** 2014 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots nontaxable 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 Form 5768 (election under section 501(h)).**

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| **1** 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 | | | |
| **a** Volunteers? | | | |
| **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| **c** Media advertisements? | | | |
| **d** Mailings to members, legislators, or the public? | | | |
| **e** 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? | | | |
| **j** Total Add lines 1c through 1i | | | |
| **2a** 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 | | | |
| **c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | 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 carry over lobbying and political expenditures from the prior year? | 3 | | No |

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

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | 118,557,246 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | 4,001,238 |
| b | Carryover from last year | 2b | |
| c | Total | 2c | 4,001,238 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 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 | 4,742,290 |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | -741,052 |

**Part IV** **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| | |

**Part IV** **Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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# SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Employer identification number**
13-0432265

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | | Amount |
|---|---|---|---|
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . . . ☑

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance . . . . | | | | | |
| b | Contributions . . . . . . . . . | | | | | |
| c | Net investment earnings, gains, and losses | | | | | |
| d | Grants or scholarships . . . . . | | | | | |
| e | Other expenditures for facilities and programs . . . . . . . . . | | | | | |
| f | Administrative expenses . . . . | | | | | |
| g | End of year balance . . . . . . | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | | Yes | No |
|---|---|---|---|---|
| | (i) unrelated organizations . . . . . . . . . . . | 3a(i) | | |
| | (ii) related organizations . . . . . . . . . . . | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land . . . . . . . . . . . . . . . . | | | | |
| b Buildings . . . . . . . . . . . . . . . | | 1,847,130 | 234,627 | 1,612,503 |
| c Leasehold improvements . . . . . . . . . . | | 18,925,517 | 10,318,904 | 8,606,613 |
| d Equipment . . . . . . . . . . . . . . . | | 25,375,487 | 18,300,710 | 7,074,777 |
| e Other . . . . . . . . . . . . . . . . . | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . . . . ► | | | | 17,293,893 |

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
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| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
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| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
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| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . . . . . . . ▶ | |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | -11,790 |
| DEFERRED RENT | 12,441,166 |
| DEFERRED EMPLOYEE BENEFITS | 41,912,240 |
| COMPENSATED ABSENCE | 2,627,237 |
| DUE FROM SUBSIDIARY-CPA2BIZ, INC | 464,381 |
| INVESTMENT IN JOINT VENTURE | 839,784 |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 58,273,018 |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| 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:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**Part XIII Supplemental Information**

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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|---|---|
| PART IV, LINE 2B | THE AICPA HANDLES THE ACCOUNTING FOR COSO AND FED LEGISLATIVE TASK FORCE FUND THESE FUNDS ARE HELD AS LIABILITIES ON THE AICPA'S BOOKS |
| PART X, LINE 2 | 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 2012 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, 2015 AND 2014, THE INSTITUTE DID NOT RECOGNIZE ANY INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS |
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**Part XIII Supplemental Information** ***(continued)***

| Return Reference | Explanation |
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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Employer identification number**
13-0432265

## Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . . . . . . . . . . . . . . . . . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (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 and investments in region |
|---|---|---|---|---|---|---|
| (1) | NORTH AMERICA | 1 | 1 | PROGRAM SERVICE | LEADING THE INTN'L RELATIONS TEAM AND ITS ACTIVITIES TO PROMOTE THE AICPA AND USCPA IN A GLOBAL ENVIRONMENT | 246,325 |
| (2) | EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | JOINT VENTURE | JOINT VENTURE | 61,699 |
| (3) | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 1 | EDITOR FOR MAGAZINE AND NEWSLETTER TEAM | ACCOUNTING MAGAZINE | 64,683 |
| (4) | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICE | WORLD CONGRESS OF ACCOUNTANTS SPONSORSHIP | 308,550 |
| (5) | EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICE | THOUGHT LEADERSHIP | 1,200,000 |
| 3a | Sub-total | 1 | 2 | | | 1,881,257 |
| b | Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c | **Totals** (add lines 3a and 3b) | 1 | 2 | | | 1,881,257 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| (1) | | AUSTRALIA | MEMBERSHIP FEE | 59,584 | | | | |
| (2) | | MALAYSIA | MEMBERSHIP FEE | 45,812 | | | | |
| (3) | | UNITED KINGDOM | CONTRIBUTION | 35,000 | | | | |
| (4) | | UNITED KINGDOM | CONTRIBUTION | 100,000 | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . . . . . . . . . . . . . . . . . . . . . . ▶ 4

**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. Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Region | **(c)** Number of recipients | **(d)** Amount of cash grant | **(e)** Manner of cash disbursement | **(f)** Amount of non-cash assistance | **(g)** Description of non-cash assistance | **(h)** Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ 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)* ☑ Yes ☐ No

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☑ No

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)* ☑ Yes ☐ No

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; do not file with Form 990)* ☐ Yes ☑ No

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### 990 Schedule F, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| PART I, LINE 2 | THE ORGANIZATION PAID A MEMBERSHIP FEE TO A RELATED PROFESSIONAL ORGANIZATION |

## 990 Schedule F, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE F, PART IV, LINE 5 | THE ASSOCIATION HAS ATTACHED FORM 8865 TO THE 990T |

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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.**
**▶ Attach to Form 990.**
**▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Employer identification number**
13-0432265

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 
Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 17

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 8

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of non-cash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) RESEARCH GRANTS | 14 | 85,320 | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| **Return Reference** | **Explanation** |
|---|---|
| SCHEDULE I, PART 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 THESE RESEARCH GRANTS/STIPENDS ARE GIVEN AFTER THE WORK HAS BEEN COMPLETED |

**Additional Data**

**Software ID:**
**Software Version:**
**EIN:** 13-0432265
**Name:** AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AICPA FOUNDATION220 LEIGH FARM ROAD DURHAM,NC 27707 | 13-6169602 | 501(C)(3) | 1,265,000 | | | | CONTRIBUTION |
| ALPFA801 SOUTH GRAND AVENUE SUITE 650 LOS ANGELES,CA 90017 | 86-1118036 | 501(C)(3) | 31,900 | | | | CONVENTION SPONSORSHIP |
| AMERICAN SCHOOL COUNSELOR ASSOCIATION1101 KING STREET NO 310 ALEXANDRIA,VA 22314 | 51-0237968 | 501(C)(3) | 17,807 | | | | CONFERENCE SPONSORSHIP |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ASCEND120 WALL STREET 3RD FLOOR NEW YORK, NY 10005 | 51-0527847 | 501(C)(6) | 21,694 | | | | CONVENTION SPONSORSHIP |
| BUSINESS PROFESSIONALS OF AMERICA5454 BLEVELAND AVE COLUMBUS, OH 43231 | 31-1392085 | 501(C)(3) | 5,940 | | | | SPONSORSHIP |
| CHAPEL HILL- CARRBORO CHAMBER OF COMMERCE 104 S ESTES DR CHAPEL HILL, NC 27514 | 56-0798467 | 501(C)(6) | 10,000 | | | | MEMBERSHIP DUES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| DECA INC300 COLLEGE PARK<br>DAYTON,OH 45469 | 45-3744134 | 501(C)(3) | 13,000 | | | | CONTRIBUTION |
| FBLA-PBL INC1912 ASSOCIATION DRIVE<br>RESTON,VA 201911591 | 23-7254290 | 501(C)(3) | 6,000 | | | | CONTRIBUTION |
| GREATER DURHAM CHAMBER OF COMMERCE<br>PO BOX 3829<br>DURHAM,NC 27702 | 56-0207530 | 501(C)(6) | 20,000 | | | | MEMBERSHIP DUES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| IFAC (INTERNATIONAL FEDERATION ACCOUNTANTS INC)545 FIFTH AVENUE NEW YORK, NY 10017 | 13-2915461 | 501(C)(6) | 3,196,617 | | | | MEMBERSHIP DUES |
| JUDICIAL COLLEGE1664 N VIRGINIA ST MSC 358 RENO, NV 89557 | 94-2427596 | 501(C)(3) | 50,000 | | | | CONTRIBUTION |
| JUMPSTART COALITION 919 18TH STREET NW SUITE 300 WASHINGTON, DC 20006 | 52-2031287 | 501(C)(3) | 7,000 | | | | SPONSORSHIP |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JUNIOR ACHIEVEMENT USAONE EDUCATION WAY COLORADO SPRINGS,CO 80906 | 84-1267604 | 501(C)(3) | 50,000 | | | | CONTRIBUTION |
| NABA - NATIONAL ASSOCIATION OF BLACK ACCOUNTANTS INC7249 A HANOVER PARKWAY GREENBELT,MD 20770 | 23-7097490 | 501(C)(3) | 87,750 | | | | SPONSORSHIP |
| NASBA150 FOURTH AVENUE NORTH SUITE 700 NASHVILLE,TN 372192417 | 13-3448166 | 501(C)(6) | 25,000 | | | | CO-SPONSORSHIP |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NATIONAL ACADEMY FOUNDATION218 WEST 40TH STREET 5TH FLOOR NEW YORK, NY 10018 | 13-3480246 | 501(C)(3) | 25,000 | | | | SPONSORSHIP |
| NATIONAL ASSOCIATION OF COLLEGES AND EMPLOYERS62 HIGHLAND AVENUE BETHLEHEM, PA 180179085 | 23-1270546 | 501(C)(4) | 25,000 | | | | CONFERENCE SPONSORSHIP |
| NATIONAL COUNCIL OF PHILIPPINE3335 DESPLAINES STREET SUITE 2-N CHICAGO, IL 60661 | 95-2976350 | 501(C)(3) | 10,000 | | | | CONVENTION SPONSORSHIP |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NCSL FOUNDATION FOR STATE LEGISLATURES7700 EAST FIRST PLACE DENVER,CO 802307143 | 74-2232576 | 501(C)(3) | 12,500 | | | | SPONSORSHIP |
| SECURITIES AND EXCHANGE HISTORICAL SOCIETY1101 PENNSYLVANIA AVE NW EVENING STAR BLDG WASHINGTON,DC 20004 | 52-2213646 | 501(C)(3) | 15,000 | | | | CONTRIBUTION |
| SOCIETY OF AMERICA BUSINESS EDITORS AND WRITERS INC555 NORTH CENTRAL AVE ROOM 416 PHOENIX,AZ 850041248 | 36-3297751 | 501(C)(3) | 7,040 | | | | CONFERENCE SPONSORSHIP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount 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 CONFERENCE BOARD INC845 THIRD AVENUE NEW YORK,NY 100226600 | 13-1624108 | 501(C)(3) | 55,750 | | | | MEMBERSHIP DUES |
| USCHAMBER OF COMMERCE1615 E CHAPEL HILL STREET WASHINGTON,DC 20009 | 53-0045720 | 501(C)(6) | 250,000 | | | | MEMBERSHIP DUES |
| XBRL INTERNATIONAL100 WALNUT AVENUE SUITE 103 CLARK,NJ 07066 | | 501(C)(3) | 8,550 | | | | MEMBERSHIP DUES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| XBRL INC1050 CONNECTICUT AVENUE NW STE 400 WASHINGTON, DC 20036 | 20-5592157 | 501(C)(6) | 80,000 | | | | MEMBERSHIP DUES |

**Schedule J**
(Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
**▶ Attach to Form 990.**
**▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Employer identification number**
13-0432265

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☑ First-class or charter travel ☑ Housing allowance or residence for personal use<br>☑ Travel for companions ☐ Payments for business use of personal residence<br>☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☑ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | |
| **b** | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III | **5b** | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | |
| **b** | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III | **6b** | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column(B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| PART I, LINE 4B | THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) PLAN JANICE MAIMAN - $47,673 ANTHONY PUGLIESE - $40,808 ARLEEN THOMAS - $79,614 MARK PETERSON - $17,500 MICHAEL BUDDENDECK - $30,303 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 13-0432265
**Name:** AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| BARRY C MELANCON, PRESIDENT & CEO | (i) | 1,222,021 | 575,000 | 29,236 | 130,876 | 29,566 | 1,986,699 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTHONY PUGLIESE, TREASURER | (i) | 546,139 | 125,710 | 70,382 | 37,301 | 25,020 | 804,552 | 16,500 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL BUDDENDECK, SECRETARY | (i) | 352,717 | 50 | 0 | 46,607 | 23,314 | 422,688 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ARLEEN THOMAS, SVP - MANAGEMENT ACCOUNTING | (i) | 549,951 | 64,850 | 67,993 | 72,423 | 20,339 | 775,556 | 41,888 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CYNTHIA FORNELLI, EXECUTIVE DIRECTOR | (i) | 1,329,408 | 0 | 0 | 36,200 | 0 | 1,365,608 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANICE MAIMAN, SVP-COMMUNICATIONS & MEDIA RELATIONS | (i) | 443,784 | 50 | 46,512 | 58,863 | 11,032 | 560,241 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARK PETERSON, SVP - GOVERNMENTAL & PUBLIC AFFAIRS | (i) | 533,188 | 0 | 58,023 | 37,380 | 31,371 | 659,962 | 16,500 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUSAN COFFEY, SVP - PUBLIC PRACTICE & GLBL ALLIANC | (i) | 553,541 | 53,350 | 63,004 | 31,930 | 26,664 | 728,489 | 16,500 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM CARMICHAEL, SVP - STRATEGY, PEOPLE & INNOVATION | (i) | 434,811 | 82,823 | 32,020 | 37,700 | 18,778 | 606,132 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD MILLER, FORMER SECRETARY | (i) | 108,000 | 0 | 0 | 0 | 0 | 108,000 | 16,500 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130020866 |
|---|---|---|

**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 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Employer identification number**
13-0432265

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | PERSONS MAY QUALIFY FOR ADMISSION AS MEMBERS OF THE INSTITUTE IF THEY SATISFY THE FOLLOWING CRITERIA - THEY ARE IN POSSESSION OF A VALID AND UNREVOKED CERTIFIED PUBLIC ACCOUNTANT CERTIFICATE ISSUED BY A LEGALLY CONSTITUTED AUTHORITY, OR AT ANY TIME POSSESSED THE CERTIFICATE DESCRIBED HEREIN AND THE CERTIFICATE WAS NOT REVOKED AS A RESULT OF A DISCIPLINARY ACTION, OR MEET THE EDUCATION, EXAMINATION AND EXPERIENCE REQUIREMENTS SET OUT IN THE UNIFORM ACCOUNTANCY ACT AND WHO ARE OF GOOD MORAL CHARACTER AND HAVE NEVER BEEN GRANTED A RIGHT TO PRACTICE, - THEY HAVE PASSED AN EXAMINATION IN ACCOUNTING AND OTHER RELATED SUBJECTS SATISFACTORY TO THE BOARD OF DIRECTORS, AND - WITH RESPECT TO THOSE PERSONS WHO ARE ENGAGED IN THE PRACTICE OF PUBLIC ACCOUNTING AS AN OWNER OR AS AN EMPLOYEE WHO HAS BEEN LICENSED AS A CPA FOR MORE THAN TWO YEARS, EITHER THEY ARE PRACTICING IN A FIRM THAT IS ENROLLED IN AN INSTITUTE-APPROVED PRACTICE-MONITORING PROGRAM IF THE SERVICES PERFORMED BY SUCH A FIRM ARE WITHIN THE SCOPE OF THE AICPA'S PRACTICE-MONITORING STANDARDS AND THE FIRM ISSUES REPORTS PURPORTING TO BE IN ACCORDANCE WITH AICPA PROFESSIONAL STANDARDS, OR IF AUTHORIZED BY COUNCIL, ARE THEMSELVES ENROLLED IN SUCH A PROGRAM WITH RESPECT TO PERSONS WHO FIRST BECOME ELIGIBLE TO TAKE THE CPA EXAMINATION AFTER THE YEAR 2012, THEY SHALL HAVE OBTAINED 150 SEMESTER HOURS OF EDUCATION AT AN ACCREDITED COLLEGE OR UNIVERSITY INCLUDING A BACHELOR'S DEGREE OR ITS EQUIVALENT AFTER 2012, A PERSON WHO DOES NOT MEET THE EDUCATIONAL REQUIREMENT MAY, NONETHELESS, BE ELIGIBLE FOR MEMBERSHIP UPON ENACTMENT (REGARDLESS OF THE EFFECTIVE DATE) OF THE EDUCATION REQUIREMENT SET OUT IN THIS SECTION BY THE STATE WHICH GRANTS THE CERTIFICATE. |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 7A | PER THE AICPA BYLAWS, 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. |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 7B | THE BOARD OF DIRECTORS SHALL ACT AS THE EXECUTIVE COMMITTEE OF COUNCIL BETWEEN MEETINGS OF COUNCIL, SHALL CONTROL AND MANAGE THE PROPERTY, BUSINESS, AND ACTIVITIES OF THE INSTITUTE, AND SHALL TAKE WHATEVER ACTION IT DEEMS DESIRABLE INCLUDING THE ESTABLISHMENT OF POLICIES FOR THE CONDUCT OF THE AFFAIRS OF THE INSTITUTE CONSISTENT WITH THE PROVISIONS OF THESE BYLAWS, RESOLUTIONS OF THE MEMBERSHIP, OR ACTIONS OF THE COUNCIL AMENDMENTS TO THE BYLAWS AUTHORIZED BY THE COUNCIL SHALL BE SUBMITTED TO ALL OF THE MEMBERS OF THE INSTITUTE FOR A VOTE BY MAIL BALLOT, NO LATER THAN 180 DAYS FOLLOWING DISCUSSION OR AUTHORIZATION BY THE COUNCIL IF AT LEAST TWO-THIRDS OF THOSE VOTING APPROVE SUCH PROPOSAL, IT SHALL BECOME EFFECTIVE AS AN AMENDMENT TO THE BYLAWS MAIL BALLOTS SHALL BE CONSIDERED VALID AND COUNTED ONLY IF RECEIVED AS INSTRUCTED BY THE INSTITUTE FOR THE RETURN OF SUCH VOTES WITHIN SIXTY DAYS FROM THE DATE OF MAILING THE BALLOTS TO THE MEMBERS |

| 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 THE AUDIT COMMITTEE CHAIRMAN AND BOARD CHAIRMAN, AS WELL AS, MEMBERS OF THE AICPA'S FINANCE MANAGEMENT TEAM |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION B, LINE 12C | 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 |

| 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, VICE CHAIR 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 EMPLOYEE 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 EMPLOYMENT) 3) PERIODICALLY REVIEWING THE EMPLOYEES' BENEFITS WITH REGARD TO COSTS AND LIABILITIES AND 4)REVIEWING THE ACTIVITIES ANALYSES PREPARED BY THE AICPA'S EXTERNAL COMPENSATION CONSULTANT |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION C, LINE 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 |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 13 | THE AICPA HAS AN ENHANCED CODE OF CONDUCT THAT PROVIDES SEVERAL OPTIONS FOR EMPLOYEES TO RAISE CONCERNS, INCLUDING THE OPTION OF RAISING A CONCERN ANONYMOUSLY WITHOUT THE FEAR OF RETALIATION A SEPARATE WHISTLEBLOWER/HOTLINE POLICY HAS BEEN DETERMINED TO BE REDUNDANT AND UNNECESSARY SINCE THE CONTROLS IN PLACE ARE COMPARABLE |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART IX, LINE 11G | ACCOUNTING STANDARDS BOARD 98,660 ANTI-FRAUD 63,109 ARCHITECT 62,707 AUDIT COMMITTEE PROJECTS 152,551 BENCHMARKING 48,300 BENEFIT CONSULTING/HUMAN RESOURCES 597,671 CGMA THOUGHT LEADERSHIP 1,200,000 COMMERCIAL SERVICES 6,745,167 CREDENTIALING SERVICES 19,506 EDITING AND PUBLISHING SERVICES 46,385 EXAM DEVELOPMENT & DELIVERY 10,666,235 FULFILLMENT/STORAGE 566,254 HONORARIUM 264,360 INTERNAL AUDIT/SECURITY & PRIVACY 110,430 LEADERSHIP COACHING 211,720 LEARNING DESIGN & DEVELOPMENT 246,404 MAP NETWORK 13,956 MEMBERSHIP 20,700 MISCELLANEOUS 1,141,429 OTHER CONSULTING 124,080 PCPS CONFERENCES/SYMPOSIUMS 68,206 PCPS INTERNATIONAL 16,352 PCPS NATIONAL OFFICE 207,335 PCPS PUBLICATION 128,325 PEER REVIEW 320,170 PERSONAL FINANCE CONSULTING (PFP TEAM) 27,402 PRESENTATION DESIGN 26,075 PRESS RELATIONS/PUBLICITY/MARKETING/COMMUNICATIONS 2,945,405 PRICING CONSULTING 12,151 PROFESSIONAL ETHICS 135,000 RESEARCH 85,240 STAKEHOLDER RELATIONS 21,915 STIPEND 202,180 STRATEGIC PLANNING 137,774 SURVEYS 1,031,069 TRADE SHOW 314,940 TRAINING 60,000 VIDEO PRODUCTION 125,095 WASHINGTON ACTIVITIES 777,093 WORLD CONGRESS OF ACCOUNTANTS 319,539 |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XII LINE 2C | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

**Employer identification number**
13-0432265

## Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| **(1)** NORTHSTAR CONFERENCES LLC<br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>06-1623588 | CONFERENCES | DE | | | N/A |
| **(2)** AICPA GLOBAL ENTERPRISES LLC<br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707 | INVESTMENT | DE | | 20,000 | |
| **(3)** AICPA GLOBAL ENTERPRISES II LLC<br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707 | INVESTMENT | DE | | 20,000 | |
| **(4)** AICPA GLOBAL ENTERPRISES III LLC<br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707 | INVESTMENT | DE | | 20,000 | |

## Part II 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.

| (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 | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |

**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if 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 | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** SHARED SERVICES LLC<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>13-4138330 | MANAGE SHARED SERVICES BETWEEN AICPA AND STATE SOCIETIES | DE | N/A | ROYALTIES | | | | No | | | No | 50 000 % |
| **(2)** ASSOCIATION OF INTERNATIONAL CERTIFIED PROFESSIONAL ACCOUNTANTS<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>45-4088500 | JOINT VENTURE BETWEEN AICPA & CIMA - GLOBAL PROMOTION OF MGMNT ACCOUNTING | SZ | | | -61,699 | 144,292 | | No | | | No | 60 000 % |

**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 | (i) Section 512 (b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** CPA2BIZ INC<br><br>1211 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10036<br>22-3731549 | INTERNET PORTAL MARKETING | DE | N/A | C | -939,250 | 15,834,481 | 77 480 % | Yes | |

## Part V Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | Yes | |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| **o** Sharing of paid employees with related organization(s) | 1o | Yes | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | No |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | | No |

**2** 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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** CPA2BIZ INC | A | 2,554,433 | |
| **(2)** CPA2BIZ INC | M | 17,052,989 | |

**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) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
| --- | --- |

**Additional Data**

**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

| (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 | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| (1) ACCOUNTING RESEARCH ASSOCIATION<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>13-6227058 | DEVELOP AND ESTABLISH FINANCIAL GOVERNMENT ACCOUNTING REPORTING STANDARDS | DE | 501(C)(6) | N/A | N/A | | No |
| (1) AICPA BENEVOLENT FUND<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>13-6168775 | PROVIDE FINANCIAL ASSISTANCE TO NEEDY MEMBERS OF AICPA | NY | 501(C)(3) | 509(A)(2) | N/A | | No |
| (2) AICPA FOUNDATION<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>13-6169602 | ADVANCES ACCOUNTING PROFESSION AND EDUCATION DIVERSITY | DC | 501(C)(3) | 509(A)(1) | N/A | | No |
| (3) AICPA EDUCATIONAL FUND INC<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>13-3552063 | PROVIDES SPEAKERS FOR EDUCATIONAL SEMINARS FOR THE ACCOUNTING PROFESSION | NY | 501(C)(3) | 509(A)(3) | N/A | | No |
| (4) CPA'S IN SUPPORT OF AMERICA<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>13-4188683 | FINANCIAL ASSISTANCE TO VICTIMS OF TERRORIST ATTACKS AND NATURAL DISASTERS | NY | 501(C)(3) | 509(A)(1) | N/A | | No |
| (5) AICPA'S CORPORATE CITZENSHIP FOUNDATION INC<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 27707<br>90-0404724 | ASSISTS LOCAL CHARITIES | NY | 501(C)(3) | 509(A)(1) | N/A | | No |
| (6) AICPA POLITICAL ACTION COMMITTEE<br><br>220 LEIGH FARM ROAD<br>DURHAM, NC 22707<br>13-2937976 | CONTRIBUTES TO CANDIDATES FOR FEDERAL ELECTIVE OFFICE | DC | 527 | | N/A | | No |
| (7) INSTITUTE FOR ACCOUNTING PROFESSIONALS IN THE AMERICAS<br><br>66 WELLINGTON STREET WEST SUITE 53<br>TORONTO, ONTARIO M5K 1E6<br>CA | SAME AS AICPA | CA | | | | | No |