DLN: 93493142001257

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue S

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 <u>www IRS qov/foim990</u>

Return of Organization Exempt From Income Tax

Inspection

			lendar year, or tax year beging C Name of organization	ning 08-01-2015 , and ending 07-31-20	16	D Found		
Ad	eck if ap Idress cl ame cha	-	AMERICAN INSTITUTE OF CERTIF ACCOUNTANTS	IED PUBLIC			432265	ntification number
	itial retu	-	Doing business as					
	nal 'termina iended i		Number and street (or P O box if 220 LEIGH FARM ROAD	f mail is not delivered to street address) Room/s	uite		none numl) 402-4	
		n pending		ountry, and ZIP or foreign postal code			,	
			DURHAM, NC 277078110			G Gross	receipts \$	317,332,617
			F Name and address of prince BARRY MELANCON 1211 AVENUE OF THE AMI	•	s	s this a group ubordinates?		for
			NEW YORK, NY 10036			No Tre all subord	linates	
I Ta	x-exem	pt status	501(c)(3) 3 501(c)(6)	◄ (insert no)	1 1	ncluded?		\[\text{Yes} \sum \text{No}\]
J W	ebsit e	::► ww	W AICPA ORG			•		(see instructions)
K Forr	n of org	ganization	✓ Corporation Trust Asso	ociation Other ►		Group exemp of formation 1		State of legal domicile DO
Pa	rt I	Sum	mary					
Governance	E X P R A C	KEMPT F ROFESS COUNTA	PURPOSES ARE TO SERVE A IONAL STANDARDS, TO AD ANCY EDUCATION AND TO	IFIED PUBLIC ACCOUNTANTS IS A M ND UNITE THE ACCOUNTANCY PROFESSION OF ACCOUNTA PROVIDE FOR THE EXAMINATION OF A SCOUNTA PROVIDE FOR THE EXAMINATION OF A SCOUNTA PROVIDE FOR THE EXAMINATION OF A SCOUNTA PROVIDE FOR THE EXAMINATION OF A SCOUNTAIN	FESSION, NCY, TO F CANDID	TO DEVELO DEVELOP AI ATES	P A N D N D I M P	MAINTAIN HIGH ROVE
							1 - 1	
Tie.			-	rning body (Part VI, line 1a)			3	264
Activities &			· -	s of the governing body (Part VI, line 1b n calendar year 2015 (Part V, line 2a)	•		5	261 951
٩			• •	necessary)			6	1,634
			·	Part VIII, column (C), line 12			7a	4,600,246
	b Ne	et unrela	ted business taxable income	from Form 990-T, line 34			7b	292,967
						Prior Year		Current Year
O)	8		butions and grants (Part VIII,	·		131,063		135,262,470
ēnua	9	Progra	ım service revenue (Part VIII	, line 2g)		93,327	,346	93,502,115
Ravenue	9 10	Progra Invest	nm service revenue (Part VIII) ment income (Part VIII, colui	, line 2g).......... mn (A), lines 3, 4, and 7d)....		93,327 11,177	,346	93,502,115 6,369,832
Ravenua	9	Progra Invest Other Total r	im service revenue (Part VIII ment income (Part VIII, colui revenue (Part VIII, column (A	, line 2g)		93,327	,346 ,112 ,577	93,502,115
Revenue	9 10 11	Progra Invest Other Total r 12)	nm service revenue (Part VIII ment income (Part VIII, colui revenue (Part VIII, column (A revenue—add lines 8 through 1	, line 2g)	ne	93,327 11,177 9,088	,346 ,112 ,577 ,505	93,502,115 6,369,832 9,495,212
Ravenue	9 10 11 12	Progra Invest Other Total r 12)	am service revenue (Part VIII) cment income (Part VIII, colui revenue (Part VIII, column (A revenue—add lines 8 through 1 s and similar amounts paid (Pa	, line 2g)	ne	93,327 11,177 9,088 244,656	,346 ,112 ,577 ,505	93,502,115 6,369,832 9,495,212 244,629,629
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi Salarie 5-10)	am service revenue (Part VIII) ament income (Part VIII), coluin revenue (Part VIII), column (Arevenue—add lines 8 through its paid to or for members (Pares, other compensation, employed	nnn (A), lines 3, 4, and 7d)	ne .	93,327 11,177 9,088 244,656	,346 ,112 ,577 ,505 ,425 0	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes	im service revenue (Part VIII) ament income (Part VIII), coluin revenue (Part VIII), column (Arevenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, emplossional fundraising fees (Part I	, line 2g)	ne .	93,327 11,177 9,088 244,656 5,654	,346 ,112 ,577 ,505 ,425	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657
Exp enses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes	am service revenue (Part VIII) ament income (Part VIII, coluin revenue (Part VIII, coluin (A revenue—add lines 8 through it is and similar amounts paid (Part is paid to or for members (Part is, other compensation, employed).	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189	,346 ,112 ,577 ,505 ,425 0 ,229	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	am service revenue (Part VIII) ament income (Part VIII), colum revenue (Part VIII), column (A revenue—add lines 8 through its paid to or for members (Part is paid to or for members), cas, other compensation, employed in the compensation of the column for the column (Part IX), column expenses (Part IX), column (A)	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189	,346 ,112 ,577 ,505 ,425 0 ,229 0	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salaris 5-10) Profes Total fu Other Total s	am service revenue (Part VIII) coluit revenue (Part VIII, coluin revenue (Part VIII, coluin (A revenue—add lines 8 through it is paid to or for members (Part is, other compensation, employed) containing fees (Part I indraising expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (members 13–17	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salaris 5-10) Profes Total fu Other Total s	am service revenue (Part VIII) coluit revenue (Part VIII, coluin revenue (Part VIII, coluin (A revenue—add lines 8 through it is paid to or for members (Part is, other compensation, employed) containing fees (Part I indraising expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (members 13–17	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total (10) Other Total (2) Reven	am service revenue (Part VIII) coluit revenue (Part VIII, coluin revenue (Part VIII, coluin (A revenue—add lines 8 through it is paid to or for members (Part is, other compensation, employed) containing fees (Part I indraising expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (members 13–17	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604
Expenses	9 10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total & Reven	im service revenue (Part VIII) ament income (Part VIII), colum revenue (Part VIII), column (A revenue—add lines 8 through its paid to or for members (Part is paid to or for members (Part is sound fundraising fees (Part I is ndraising expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (nue less expenses Subtract lines assets (Part X, line 16)	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604 End of Year
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salari 5-10) Profes Total fu Reven Total a Total I	im service revenue (Part VIII) iment income (Part VIII), coluin revenue (Part VIII), coluin (Arevenue—add lines 8 through its paid to or for members (Part is paid to or for members (Part is, other compensation, employed) is sional fundraising fees (Part II), column expenses (Part IX, column (Arexpenses Add lines 13–17 (not incompenses Subtract lines (Part X, line 16)	nnn (A), lines 3, 4, and 7d)		93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869 ing of Current 225,740	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604 End of Year 200,626,710
Net Assets or Expenses of Expenses or Expenses or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Progra Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total (1) Other Total (2) Reven Total (3) Ities of place and its any kr	im service revenue (Part VIII) column tement income (Part VIII), column (A revenue—add lines 8 through it is paid to or for members (Part Spaid to or for members (Part Spaid to or for members (Part Is, column expenses (Part IX, column expenses (Part IX, column expenses (Part IX, column expenses Add lines 13–17 (nue less expenses Subtract lines (Part X, line 16)	nnn (A), lines 3, 4, and 7d)	Beginni	93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869 Ing of Current 225,740 191,680 34,059	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year ,262 ,662 ,662	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604 End of Year 200,626,710 181,441,840 19,184,870
Net Assets of Expenses by Hond Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as Sign Ities of r Ige and l s any kr	im service revenue (Part VIII) column come (Part VIII), column (A revenue—add lines 8 through it is paid to or for members (Part III), column (A revenue—add lines 8 through it is paid to or for members (Part III), column ces, other compensation, employed a column column (A revenue—add lines (Part III), column (A revenue—assets (Part III), column (A revenue—ses (Part III), column (A revenue—ses Add lines 13–17 (III) assets (Part X, line 16)	nnn (A), lines 3, 4, and 7d)	Beginni	93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869 ing of Current 225,740 191,680 34,059 edules and st	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year ,262 ,662 ,662	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604 End of Year 200,626,710 181,441,840 19,184,870
Here and Balances Expenses of Expenses and Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r pena nowled rer ha	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as Sign Ities of p Ige and b s any kr ANTH Type	im service revenue (Part VIII) column tement income (Part VIII), column (A revenue—add lines 8 through it is paid to or for members (Part Spaid to or for members (Part Spaid to or for members (Part Is, column expenses (Part IX, column expenses (Part IX, column expenses (Part IX, column expenses Add lines 13–17 (nue less expenses Subtract lines (Part X, line 16)	nnn (A), lines 3, 4, and 7d)	Beginni	93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869 ing of Current 225,740 191,680 34,059 edules and st c) is based or 2017-05-10 Date Check ff	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year ,262 ,662 ,600	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604 End of Year 200,626,710 181,441,840 19,184,870 is, and to the best of rmation of which
Par Expenses of Expenses On Branches Expenses On Branches On Branc	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r pena nowled rer ha	Progra Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total (1) Net as Sign Ities of [1] Ities of [1] Ities of [1] Sany kr	im service revenue (Part VIII) column come (Part VIII), column (A revenue—add lines 8 through it is paid to or for members (Part III), column (A revenue—add lines 8 through it is paid to or for members (Part III), column ces, other compensation, employed a column column (A revenue—add lines (Part III), column (A revenue—asses (Part IX), column (A revenue—ses (Part IX), column (A revenue—ses Add lines 13–17 (III) assets (Part X, line 16)	nnn (A), lines 3, 4, and 7d)	Beginni . nying sche	93,327 11,177 9,088 244,656 5,654 117,189 125,682 248,526 -3,869 ang of Current 225,740 191,680 34,059 edules and st -) is based or 2017-05-10 Date	,346 ,112 ,577 ,505 ,425 0 ,229 0 ,692 ,346 ,841 Year ,262 ,662 ,600 attement all info	93,502,115 6,369,832 9,495,212 244,629,629 5,618,657 0 116,818,694 0 131,481,882 253,919,233 -9,289,604 End of Year 200,626,710 181,441,840 19,184,870 ts, and to the best of rmation of which

. √Yes No

	990 (2015)			Page 3
Par	t 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 2	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			
	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
	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	11 c		No
	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 2	11 d		No
е	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 2	12 a		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
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?	25b		

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Nο

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

31

37

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		.,			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>		Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	461		165	NO
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did th	e organization comply with backup withholding rules for reportable payments t	o vend	dors and reportable			
	gamın	g (gambling) winnings to prize winners?			1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	951			
b	Ifatle	east one is reported on line 2a, did the organization file all required federal em If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	ploym	ent tax returns?	2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more durin	g the	year ⁷	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b	Yes	
4a	over,	, time during the calendar year, did the organization have an interest in, or a s a financial account in a foreign country (such as a bank account, securities ac nt)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country	k and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
_					5c		
	organı	the organization have annual gross receipts that are normally greater than \$1 ization solicit any contributions that were not tax deductible as charitable con s," did the organization include with every solicitation an express statement ti	tributi	ons?	6a		No
7	were r	izations that may receive deductible contributions under section 170(c).		· · · ·	6b		
	Did th	e organization receive a payment in excess of \$75 made partly as a contributes provided to the payor?		d partly for goods and	7a		
b		s," did the organization notify the donor of the value of the goods or services p		ed?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal prope		which it was required to			
d		rm 8282?	7d	 	7 c		
e	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the c	rganız	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle	s, dıd •	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu i the year?	ısınes:	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rel	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter		ı			
		Income from members or shareholders	11a				
D		income from other sources (Do not net amounts due or paid to other sources amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	u of Form 1041?	12 a		
b	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? No onal information the organization must report on Schedule O	lote. S	See the instructions for	13 a		
b		the amount of reserves the organization is required to maintain by the states of the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13 c				
14a	Did th	e organization receive any payments for indoor tanning services during the ta	x year	7	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ation ir	Schedule O	14b		

orm 990 ((2015)	,
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			🗸
Se	ection 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	1		
	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 26	L		
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		V	
_	filed?	5	Yes	N
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	<u> </u>	V	No
6	Did the organization have members or stockholders?	6	Yes	
	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	
	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			
	The governing body?	8a	Yes	
	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 th organization's mailing address? If "Yes," provide the names and addresses in Schedule O	e 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Cod	e.)
			Yes	No
L0a	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?	10 b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before film the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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	
С	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	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
а	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)			
L6a	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?	16 b		
Se	ection C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed ► NC , NY			
L8	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)			
L9	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			

State the name, address, and telephone number of the person who possesses the organization's books and records TIMOTHY LASPALUTO 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) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

Form 990 ((2015)	
Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue	d,

	(A) Name and Title	(B) Average hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Additional Data Table										
										<u> </u>	
1b c	Sub-Total				•		>				
d		•			<u>.</u>	<u>.</u>	▶		8,374,320	0	536,777
2	Total number of individuals (in \$100,000 of reportable compe							e) wl	no received more th	an	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I 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 I for such person	5		No

Section B. Independent Contractors

Section B. Independent Contractors		
Complete this table for your five highest compensated independent co compensation from the organization. Report compensation for the cale.		
(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP	AUDITING	673,394
4 BECKER FARM ROAD ROSELAND, NJ 07068		
GIBSON DUNN & CRUTCHER LLP	LEGAL	597,265
200 PARK AVENUE NEW YORK, NY 101660193		
PLINK COACHING CENTER FOR EXCELLENCE LLC	CONSULTING	588,010
9024 MOUNTAINBERRY CIR FREDERICK, MD 21702		
KILPATRICK TOWNSEND & STOCKTON LLP	LEGAL	478,004
4208 SIX FORKS RD RALEIGH, NC 27609		
APPLIED RESEARCH AND CONSULTING LLC	CONSULTING	298,166
320 WEST 13TH STREET 7TH FLOOR NEW YORK, NY 10014		
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Yes

No

								Page 9
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
,, s	1a	Federated cam	paigns 1a					
Other Revenue Contributions, Gifts, Grants Amounts and Other Similar Amounts	b	Membership du	ies 1b	135,262,470				
GE	С	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	zations 1d					
<u>1</u> .6	е	Government grant	s (contributions) 1e					
ons Sir	f	All other contribution	ons, gifts, grants, and 1f					
uti her	'	sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f		135,262,470			
				Business Code				
Ĕ	2a	CONFERENCES		611430	27,458,943	27,458,943		
ž Ž	b	UNIFORM CPA/APF	S EXAMS	900099	25,199,161	25,199,161		
ر د	С	PROFESSIONAL DE	VELOPMENT	900099	21,000,558	21,000,558		
₹ ¥	d	TECHNICAL PUBLIC	CATION	511130	13,236,456	13,236,456		
Ē	е	MAGAZINE PUBLIC	ATIONS	511120	5,853,275	1,727,729	4,125,546	
ogra	f	All other progra	am service revenue		753,722	753,722		
ď	g	Total. Add lines	s 2a-2f	>	93,502,115			
	3		ome (including dividen		2,086,236			2,086,236
Other Revenue Program Service Revenue and Other Similar Amounts	4		ar amounts) stment of tax-exempt bond		, ,			
	5	Royalties		▶	6,708,476		209,700	6,498,776
			(ı) Real	(II) Personal				
	6a	Gross rents	500,004					
	ь	Less rental expenses	500,004					
	с	Rental income	0					
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	76,486,580					
	b	Less cost or other basis and sales expenses	72,202,984					
	С	Gain or (loss)	4,283,596					
	d		ss)		4,283,596			4,283,596
evenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lir	luding s reported on line 1c)					
<u></u>			а					
ŧ.			penses b					
•	C 9a		(loss) from fundraising From gaming activities	events •				
			ne 19					
			а					
			penses b	witios				
Other Revenue	С	Net income of t	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	-	oods sold b					
	С		(loss) from sales of inv					
	11-	Miscellaneous		Business Code 900003	1,649,570			1,649,570
	11a	AFFINITY PRO	OGRAMS -	900003	872,166	892,185		-20,019
	b c	OTHER	OOM INCUDANCE	900099	265,000	372,103	265,000	20,019
		TRUST	ROM INSURANCE	33333	255,550			
	d	All other reven						
	е	Total. Add lines	s 11a-11d	· · · • [2,786,736			
	12	Total revenue.	See Instructions .	· · · · •	244,629,629	90,268,754	4,600,246	14,498,159

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► ☐ if following SOP 98-2 (ASC 958-720)

	990 (2015)				Page 10
	Statement of Functional Expenses	A II - + h - u - u - u - u - u - u	h		
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns Check if Schedule O contains a response or note to any line in t				
	Check if schedule of contains a response of note to any fine in t	ins Partix			
	ot include amounts reported on lines 6b, o, 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	5,353,866	·		·
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15	64,861			
_	and 16	199,930			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,711,117			
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	78,450,850			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	11,876,836			
9	Other employee benefits	11,861,543			
10	Payroll taxes	5,918,348			
11	Fees for services (non-employees)				
а	Management	_			
b	Legal	1,855,822			
С	Accounting	676,011			
d	Lobbying	793,863			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	402,168			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,798,633			
12	Advertising and promotion	3,846,961			
13	Office expenses	7,119,135			
14	Information technology	13,845,279			
15	Royalties	1,811,305			
16	Occupancy	8,797,411			
17	Travel	10,459,924			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,367,941			
20	Interest	92,731			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,980,929			
23	Insurance	1,612,579			
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)				
а	SALES COMMISSIONS	14,816,770			
b	PROFESSIONAL DEVELOPMEN	4,188,912			
c	PUBLICATIONS	1,913,786			
d	UNRELATED BUSINESS INCO	21,933			
e	All other expenses	3,079,789			
25	Total functional expenses. Add lines 1 through 24e	253,919,233			
26	Joint costs. Complete this line only if the organization				

34

Total liabilities and net assets/fund balances

		2015)			Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X	(A)	· ·	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	6,572,067	1	5,451,029
	2	Savings and temporary cash investments	40,602,089	2	39,414,525
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,171,573	4	11,920,934
	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(c)(3)(B), and			
		contributing employers and sponsoring organizations of section $501(c)(9)$			
S		voluntary employees' beneficiary organizations (see instructions) Complete Part			
et		II of Schedule L		6	
Assets	7	Notes and loans receivable, net	5,386,917	7	5,386,917
	8	Inventories for sale or use	1,488,184	8	969,415
	9		19,224,548	9	19,682,746
	10a	Prepaid expenses and deferred charges	19,224,040	9	13,002,140
	104	Complete Part VI of Schedule D 48,118,224			
	b	Less accumulated depreciation 10b 29,488,016	17,293,893	10 c	18,630,208
	11	Investments—publicly traded securities	116,435,276	11	92,524,751
	12	Investments—other securities See Part IV, line 11	7,565,715	12	6,607,090
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0	15	39,095
	16	Total assets.Add lines 1 through 15 (must equal line 34)	225,740,262	16	200,626,710
	17	Accounts payable and accrued expenses	36,951,514	17	38,255,625
	18	Grants payable		18	
	19	Deferred revenue	90,855,703	19	92,040,227
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	1,790,427	21	1,774,770
ities	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified			
Liabi	22	persons Complete Part II of Schedule L	3,810,000	22	60,000
	23	Secured mortgages and notes payable to unrelated third parties	3,610,000	23 24	60,000
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	and other liabilities not included on lines 17-24)			
		Complete Part X of Schedule D	58,273,018	25	49,311,218
	26	Total liabilities. Add lines 17 through 25	191,680,662	26	181,441,840
	20	Total liabilities. Add lines 17 through 25	101,000,002	20	101,441,040
S		lines 27 through 29, and lines 33 and 34.			
30		3 ,			
a la	27	Unrestricted net assets	34,059,600	27	19,184,870
eğ eğ	28	Temporarily restricted net assets		28	0
ĭ	29	Permanently restricted net assets		29	0
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
2 0		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	34,059,600	32	19,184,870
Z	33	Total net assets or fund balances	1 34,008,600	33	19, 104,070

200,626,710

225,740,262

19,184,870

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

XΙ	Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			

Donated services and use of facilities

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments

1	Total revenue (must equal Part VIII, column (A), line 12)		
		1	244,629,629
2	Total expenses (must equal Part IX, column (A), line 25)		
		2	253,919,233
3	Revenue less expenses Subtract line 2 from line 1		
	•	3	-9,289,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

Net unrealized gains (losses) on investments

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

4 34,059,600 5 -5,585,126 6 7 8

9

10

Software ID: Software Version:

EIN: 13-0432265

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC

ACCOUNTANTS

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Dire ntrac	ctor tors	s,T	rus	tees	, K	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours	Pos more pers	ition than on is	(do one bot	not box h ar	chec (, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANNE M NORTHUP DIRECTOR	3 00	x						55,000	0	1
BARRY C MELANCON PRESIDENT & CEO	40 00	×		×				1,938,068	0	123,99
CHRISTOPHER SCHMIDT DIRECTOR	3 00	х						0	0	
DAVID K MORGAN DIRECTOR	3 00	×						0	0	
DAVID STANFORD DIRECTOR	3 00	×						0	0	(
DEANN A HILL DIRECTOR	3 00	x						0	0	
DORRI C MCWHORTER DIRECTOR	3 00	х						0	0	1
EDUARDO JORDAN DIRECTOR	3 00	×						0	0	1
ERIC L HANSEN DIRECTOR	3 00	x						0	0	
FREDERICK NISWANDER DIRECTOR	3 00	×						0	0	1

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t	han erso cer tor/t	not one n is and trus	tee)	(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
GARY W REYNOLDS DIRECTOR	3 00	×					0	0	C
GRANT ASHLEY DIRECTOR	3 00	Х					0	0	0
J MICHAEL KIRKLAND DIRECTOR	3 00	X					0	0	0
JEAN M HOBBY DIRECTOR	3 00	x					0	0	0
KIMBERLY N ELLISON-TAYLOR VICE CHAIRMAN, DIRECTOR	20 00	X		×			0	0	0
MARJERY L PIERCEY DIRECTOR	3 00	X					0	0	0
MARK PETER BEGICH DIRECTOR	3 00	x					36,950	0	0
MARY STONE DIRECTOR	3 00	×					0	0	0
MYRIAM MADDEN DIRECTOR	3 00	×					0	0	0

3 00

0 30

NANCY A BAGRANOFF

DIRECTOR

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

55,262

(A) Name and Title	(B) Average hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
PAUL CURTH DIRECTOR	3 00	×						0	0	0
STEPHEN W CHRISTIAN DIRECTOR	3 00	×						0	0	0
THERESA GRAFENSTINE DIRECTOR	3 00	×						0	0	0
THOMAS BRODERICK DIRECTOR	3 00	×						0	0	0
TIM CHRISTEN CHAIRMAN, VICE CHAIRMAN	35 00 1 00	x		×				0	0	0
TOMMYE E BARIE CHAIR, PAST CHAIR, & DIRECTOR	10 00	x		×				0	0	0
TRACEY C GOLDEN DIRECTOR	3 00	x						0	0	0
WILLIAM E BALHOFF	5 00									

40 00

1 20

778,340

WILLIAM PIROLLI DIRECTOR

ANTHONY PUGLIESE

TREASURER

IMMEDIATE PAST CHAIRMAN

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

51,612

42,637

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore ti	than erso icer	o not n one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MICHAEL BUDDENDECK SECRETARY	40 00			×				403,058	0	50,978
ARLEEN THOMAS SVP - MANAGEMENT ACCOUNTIN	40 00				x			763,408	0	47,446
CYNTHIA FORNELLI EXECUTIVE DIRECTOR	40 00					×		1,764,633	0	46,712
JANICE MAIMAN SVP-COMMUNICATIONS & MEDIA	40 00					x		528,745	0	66,968
MARK PETERSON	40 00					х		670,279	0	51,171

40 00

40 00

8 00

Χ

Χ

714,427

618,412

103,000

SVP - GOVERNMENTAL & PUBLI

SVP - PUBLIC PRACTICE & GL

SVP - STRATEGY, PEOPLE & I

WILLIAM CARMICHAEL

RICHARD MILLER

FORMER SECRETARY

......

SUSAN COFFEY

DLN: 93493142001257

SCHEDULE C (Form 990 or 990-EZ)

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue

Treasury
Internal Revenue

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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" on 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 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B 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 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV 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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 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 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) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-3

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	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 lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) 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

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-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?

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 (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

	filed Form 5768 (election under section 501(h)).	ЮТ				
For each "	Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	((a)	1	(b)	
activity	to respond on miles 14 time agri 11 belon, promotin mart 11 a detailed description of the 1822, mg		No		A moun	t
legi	ing the year, did the filing organization attempt to influence foreign, national, state or local slation, including any attempt to influence public opinion on a legislative matter or referendum, bugh the use of	Yes				
a Vol	unteers?					
b Pai	d staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	dia advertisements?					
d Mai	lings to members, legislators, or the public?					
e Pub	lications, or published or broadcast statements?					
f Gra	nts to other organizations for lobbying purposes?					
g Dire	ect contact with legislators, their staffs, government officials, or a legislative body?					
h Ral	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Oth	er activities?					
j Tot	al 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 t	ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part II	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c	:)(5),	or s		
	and the state of the self-state of the self-stat		-		Yes	No
	re substantially all (90% or more) dues received nondeductible by members?		-	2		No
	the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3		No
	the organization agree to carry over lobbying and political expenditures from the prior year?			_	Щ.	Νo
Part II	Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (OR (b)	or s Par	ectio t III-	n ·A,
1 Due	es, assessments and similar amounts from members	1		1	22,76	8,726
	tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).					
exp	rent year	2a	<u> </u>		3,69	7,42.
a Cur		2b				
a Cur	ryover from last year		1		3,69	
a Curb Carc Tot	al	2c				0 7 4 6
a Cur b Car c Tot 3 Agg	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3			4,91	0,/49
a Cur b Car c Tot 3 Agg 4 If n doe	pregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess s the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				4,91	0,749
a Curb Carc Tot3 Agg4 If n doe poli	or all pregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3			-1,21	,
a Curb Carc Tot3 Agg4 If n doe poli	pregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues obtices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess section the the organization agree to carryover to the reasonable estimate of nondeductible lobbying and tical expenditure next year? able amount of lobbying and political expenditures (see instructions)	3			,	,

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

DLN: 93493142001257

Inspection

Employer identification number Name of the organization AMERICAN INSTITUTE OF CERTIFIED PUBLIC **ACCOUNTANTS** 13-0432265 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? ☐ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

		Organizations (continued)	s Maintaining	Collections of	Art, His	torica	al Tı	reasures,	or Ot	her Simila	r Ass	ets	Page 2
3		the organization's tion items (check		ession, and other re	ecords, ch	neck an	y of t	the following t	hat ar	e a significan	t use o	fits	
а	ГР	ublic exhibition			d		Loan	or exchange	progra	ams			
b	┌ s	cholarly research			е	Γ	O the	ır					
c	ГР	reservation for fut	ture generations										
4	Provid Part X		the organization's	collections and ex	xplaın hov	w they f	urthe	er the organiz	atıon's	exempt purp	ose in		
5				it or receive donat an to be maintained							Yes	∏ No)
Pa		Escrow and C Complete if the Part X, line 21.		ngements. nswered "Yes" o	n Form	990, P	art I	V, line 9, o	r repo	orted an am	ount c	n Forr	n 990,
1a		organization an ag ed on Form 990, P		todian or other inte	ermediary	for cor	ntribu	itions or othe	rasset		Yes	√ No	•
b	If"\	es," explain the a	arrangement in Pa	ort XIII and comple	ete the fol	lowing	table				A moui	nt	
c	Beg	inning balance							1 c				
d	Add	itions during the y	vear						1 d				
e	Dist	ributions during th	he year						1e				
f	End	ıng balance							1 f				
2 a	Did the	e organization incl	lude an amount or	n Form 990, Part X	, lıne 21,	for esc	row c	r custodial a	ccount	liability? 🗸	Yes	∏ No	•
b Pa				XIII Check here if te if the organiza									✓
				(a)Current year		ior year		(c)Two years b		d) Three years ba		e)Four ye	ars back
1 a	Begini	ning of year baland	ce										
b	Contri • •	butions											
С	Net in losses	vestment earning: S	s, gains, and										
d	Grants	s or scholarships											
е		expenditures for f ograms	facılıtıes										
f	A dmir	istrative expense	· ·										
g		year balance											
2	Provid	e the estimated p	ا ercentage of the c	urrent year end ba	ılance (lır	ie 1g, c	olum	n (a)) held as					
а	Board	designated or qua	sı-endowment >										
b		nent endowment 🕨											
c		orarily restricted e proentages on line		should equal 100%	o								
3a		ere endowment fur zatıon by	nds not in the pos	session of the orga	anızatıon	that are	e held	d and adminis	tered 1	for the		Yes	No
		elated organizatio									3a(i)		
b	If"Yes		e related organiza	ations listed as req							3a(ii) 3b)	
4		Land, Building		f the organization's	endowm	ent fun	ds						
-				nswered 'Yes' to	Form 9	90, Pa	rt IV	, line 11a.S	ee Fo	rm 990, Pa	rt X, I	ine 10	
		Description	of property		Со	(a) st or oth (investm		Cost or othe		Accumula (c)depreciat		(d) Boo	k value
1 a	Land .												
b	Building	IS											
					<u> </u>			<u> </u>	363,014		3,689		3,329,325
		old improvements			·				525,555	· ·			9,268,083
	Equipmo Other	ent			•			25,:	129,655	19,09	5,855		6,032,800
Tot	al. A dd Ii	nes 1a through 1e	e (Column (d) mus	t equal Form 990, Pa	art X, colu	mn (B),	line :	10(c))					8,630,208 90) 2015

See countain barrix interio			
See Form 990, Part X, line 12. (a) Description of security or catego (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of cha of year market vale
(2)Closely-held equity interests (3)Other			
(3)0 tilel			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 99	0, 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 valu
			Cost of end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization	▶ tion answered 'Yes' on scription	Form 990, Part IV, lir	ne 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lin	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, lir	
Part IX Other Assets. Complete if the organization		Form 990, Part IV, III	
Part IX Other Assets. Complete if the organization (a) Des	cription	Form 990, Part IV, lin	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization (a) Des	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the property of the part X, line 25.	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS	e 15) Ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	(b) Book value -2 13,597 31,847		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	(b) Book value -2 13,597 31,847		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	(b) Book value -2 13,597 31,847		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	(b) Book value -2 13,597 31,847		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	(b) Book value -2 13,597 31,847		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT DEFERRED EMPLOYEE BENEFITS COMPENSATED ABSENCE	(b) Book value -2 13,597 31,847		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15)		(b) Book value

Schedule D (Form 990) 2015

1

2

2e

3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	ided 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		penses per Audited Financial Statements With Expense ization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
L	Total expenses and losses per	audited financial statements	1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
1	Amounts included on Form 990), Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	ided 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 ar	d 4c. (This must equal Form 990, Part I, line 18)	5	
Pari	XIII Supplemental Info	ormation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
ART	IV, LINE 2B	SLATI	VE TASK FORCE	

FUND THESE FUNDS ARE HELD AS LIABILITIES ON THE AICPA'S BOOKS

2a

2b

2c 2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information		
Return Reference	Explanation	

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ita -		DLN: 9	3493142001257
SCHEDULE F (Form 990)	atement of	Activities	Outside the Unit	ted Sta	ates -	OMB No 1545-0047
	► Complete	Part IV, line	on answered "Yes" to Form 14b, 15, or 16. to Form 990.	990,		2015
Department of the Treasury Internal Revenue Service ► Informa	tion about Sched	ule F (Form 990)	and its instructions is at и	ww.irs.go	v/form990.	Open to Public Inspection
Name of the organization AMERICAN INSTITUTE OF CERTIF ACCOUNTANTS					Employer identi	ification number
Part I General Information Complete if the organic			t he United States. Form 990, Part IV, line	14b.		
For grantmakers. Does the and other assistance, the g used to award the grants or	e organization r rantees' eligibi r assistance?	maintain record	ds to substantiate the nts or assistance, and	amount the sele	ction criteria	√ Yes No
 For grantmakers. Describe assistance outside the Unit Activites per Region (The folio 	ed States				-	s and other
(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 activ program spe	rity listed in (d) is a service, describe cific type of ce(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	1	PRO GRAM SERVICE	RELATIC ITS ACT	G THE INTN'L DNS TEAM AND IVITIES TO TE THE AICPA	290,961
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	JOINT VENTURE	JOINT V	ENTURE	170,019
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	1	EDITOR FOR MAGAZINE AND NEWSLETTER TEAM	A C C O U N M A G A Z I		66,255
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PRO GRAM SERVICE	THOUGH LEADERS		1,200,000
3a Sub-total b Total from continuation sheets	1 0					1,727,235
to Part I c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	1 ee the Instruction	2 s for Form 990.		No 5008	32W Schedu	1,727,235 Ile F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AUSTRALIA	MEMBERSHIP FEE	55,000				
			MALAYSIA	MEMBERSHIP FEE	48,063				
			UNITED KINGDOM	CONTRIBUTION	83,098				
			KOREA	CONTRIBUTION	10,000				

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

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

by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Yes Volume 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)

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)

▼ No

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

about to be discussed by the constant

990 Schedule F, Sup	piemental information
Peturn Reference	Evolunation

Page 5

THE ORGANIZATION PAID A MEMBERSHIP FEE TO A RELATED PROFESSIONAL ORGANIZATION

PART I. LINE 2

Schedule F (Form 990) 2015

990 Schedule F, Supplemental Information

Return Reference Explanation

SCHEDULE F. PART IV. LINE 5 THE ASSOCIATION HAS ATTACHED FORM 8865 AND FROM 5471 TO THE 990T

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Name of the organization

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

Complete if the organization answered "Yes," on 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 2015

Open to Public

Schedule I (Form 990) 2015

DLN: 93493142001257

Inspection Employer identification number

ACCOUNTANTS	DFOBLIC					13-0432265	
Part I General Information	on Grants an	d Assistance				•	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat Part II Grants and Other Assistanthat received more than \$5 	rd the grants or as ion's procedures f ce to Domestic Or	sistance? or monitoring the use ganizations and Dome	of grant funds in the Unstic Governments. Com	ited States			√ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
Enter total number of section 501Enter total number of other organ	. , . ,	-					7

Cat No 50055P

WORK HAS BEEN COMPLETED

Additional Data

SARASOTA, FL 34233

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 **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AICPA FOUNDATION 13-6169602 501(C)(3) 1,490,000 CONTRIBUTION 220 LEIGH FARM ROAD DURHAM, NC 27707 ALPFA 86-1118036 501(C)(3) 39,125 CONVENTION 801 SOUTH GRAND SPONSORSHIP AVENUE SUITE 650 LOS ANGELES, CA 90017 501(C)(3) SPONSORSHIP AMERICAN ACCOUNTING 39-6030166 16,000 ASSOC 5717 BESSIE DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) AMERICAN SCHOOL 51-0237968 501(C)(3) 25,000 CONFERENCE COUNSELOR ASSOCIATION SPONSORSHIP

1101 KING STREET NO 310 ALEXANDRIA, VA 22314					
ASCEND 120 WALL STREET 3RD FLOOR	51-0527847	501(C)(6)	20,000		CONVEN SPONSO

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

OFAMERICA

5454 BLEVELAND AVE COLUMBUS, OH 43231

ALEXANDRIA,VA 22314					
ASCEND 120 WALL STREET 3RD FLOOR NEW YORK, NY 10005	51-0527847	501(C)(6)	20,000		CONVENTION SPONSORSHIP
BUSINESS PROFESSIONALS	31-1392085	501(C)(3)	11,500		SPONSORSHIP

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(6) 25,000 CHAPEL HILL- CARRBORO 56-0798467 MEMBERSHIP DUES CHAMBER OF COMMERCE

6,000

CONTRIBUTION

104 S ESTES DR CHAPEL HILL,NC 27514					
DECA INC 300 COLLEGE PARK	45-3744134	501(C)(3)	13,000		CONTRIBUTION

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

501(C)(3)

1912 ASSOCIATION DRIVE RESTON, VA 201911591

23-7254290

DAYTON, OH 45469

FBLA-PBL INC

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) IFAC (INTERNATIONAL 13-2915461 501(C)(6) 3,142,817 MEMBERSHIP DUES FEDERATION ACCOUNTANTS INC) 545 FIFTH AVENUE RIBUTION

000,8

SPONSORSHIP

NEW YORK, NY 10017					
JUDICIAL COLLEGE 1664 N VIRGINIA ST MSC 358 RENO,NV 89557	94-2427596	501(C)(3)	50,000		CONTRI

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

501(C)(3)

JUMPSTART COALITION

919 18TH STREET NW

WASHINGTON, DC 20006

SUITE 300

52-2031287

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NABA - NATIONAL 23-7097490 501(C)(3) 84,500 SPONSORSHIP ASSOCIATION OF BLACK ACCOUNTANTS INC 7249 A HANOVER PARKWAY GREENBELT, MD 20770 NATIONAL ASSOCIATION 23-1270546 501(C)(4) 12,195 CONFERENCE SPONSORSHIP 62 HIGHLAND AVENUE 180179085

OF COLLEGES AND **EMPLOYERS** BETHLEHEM, PA SECURITIES AND 52-2213646 501(C)(3) 15,000 EXCHANGE HISTORICAL SOCIETY

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

CONTRIBUTION 1101 PENNSYLVANIA AVE NWFVFNING STAR BLDG WASHINGTON, DC 20004

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOCIETY OF AMERICA 36-3297751 501(C)(3) 10,000 CONFERENCE BUSINESS EDITORS AND SPONSORSHIP WRITERS INC 555 NORTH CENTRAL AVE DOOM 416 RIBUTION BO X 69

6,338

MEMBERSHIP DUES

PHOENIX,AZ 850041248					
TEACHERS OF ACCOUNTING AT TWO YEAR COLLEGE 5401 W 20TH STREET PO	11-3233358	501(C)(6)	8,250		CONTRI

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

501(C)(3)

GREELY, CO 80632 THE CONFERENCE BOARD

845 THIRD AVENUE NEW YORK, NY 100226600

INC

13-1624108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE STATE UNIVERSITY 23-7086291 501(C)(3) 9.000 CONFERENCE RUTGERS SPONSORSHIP 291 MORTON AVE MILLVILLE, NJ 08332 RSHIP DUES

USCHAMBER OF	53-0045720	501(C)(6)	250,000			MEMBER
COMMERCE						
1615 E CHAPEL HILL						
STREET						
WASHINGTON, DC 20009						
					<u> </u>	

80,000

MEMBERSHIP DUES

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

501(C)(6)

XBRL INC

1050 CONNECTICUT **AVENUE NW STE 400** WASHINGTON, DC 20036 20-5592157

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule J

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

DLN: 93493142001257

Department of the Treasury

(Form 990)

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

Inspection

Na	al Revenue Service ne of the organization			Employer identification	on nur	nber	
	RICAN INSTITUTE OF CERTIFIED PUBLIC OUNTANTS			13-0432265			
Pa	rt I Questions Regarding Compensation			13-0432203			
	tareases segments					Yes	No
1 a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	▼ First-class or charter travel	✓	Housing allowance or residence fo	r personal use			
	▼ Travel for companions		Payments for business use of pers	onal residence			
	▼ Tax idemnification and gross-up payments	√	Health or social club dues or initia	tion fees			
	Discretionary spending account	√	Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des				1b	Yes	
2	Did the organization require substantiation prior to rei directors, trustees, officers, including the CEO/Execu	ımburs	ing or allowing expenses incurred b	y all	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	t apply	Do not check any boxes for metho	ds			
	✓ Compensation committee	√	Written employment contract				
	✓ Independent compensation consultant	√	Compensation survey or study		ĺ		ĺ
	✓ Form 990 of other organizations	·	Approval by the board or compens	ation committee	ĺ	ĺ	Ì
4	During the year, did any person listed on Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplement	al none	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons mu	ist complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of		•	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		
b	Any related organization?				6 b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			on-fixed	7		
8	Were any amounts reported on Form 990, Part VII, passibject to the initial contract exception described in Fin Part III		·		8		
9	If "Yes" on line 8, did the organization also follow the section 53 $4958\text{-}6(\text{c})?$	rebutta	able presumption procedure describ	ed in Regulations	9		

Selledales (Form 550) 2015					r age 🕳		
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.						
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·			
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 Supplemental Information Part III 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 BARRY MELANCON - \$100.000 ANTHONY PUGLIESE - \$18.000 ARLEEN

Schedule J (Form 990) 2015

JANICE MAIMAN - \$49,500 WILLIAM CARMICHAEL - \$18,000

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

Form 990, Schedule J, F	Part I	<u>I - Officers, Direc</u>	<u>tors, Trustees, Ke</u>	y Employees, and	l Highest Compen	sated Employees	<u> </u>	
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIs (ii) Bonus & Incentive compensation	C 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 on prior Form 990
1BARRY C MELANCON PRESIDENT & CEO	(1)	1,285,295	612,500	40,273	113,656	28,673	2,080,397	0
	(11)	0	0	0	0	- - 0	- 0	0
1ANTHONY PUGLIESE TREASURER	(1)	571,389	132,210	74,741	38,368	26,622	843,330	16,500
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11)	0	0	0	0	- - 0	- 0	0
2MICHAEL BUDDENDECK SECRETARY	(1)	368,738	34,320	0	33,661	24,844	461,563	0
	(11)	0	0	0	0			0
3ARLEEN THOMAS SVP - MANAGEMENT	(1)	568,114	71,769	123,525	38,338	21,044	822,790	48,059
ACCOUNTIN	(11)	0	0	0	0	- - 0	- 0	0
4CYNTHIA FORNELLI EXECUTIVE DIRECTOR	(1)	1,764,633	0	0	37,767	25,555	1,827,955	0
2.200.112 SIN23.00	(11)	0	0	0	0			0
5JANICE MAIMAN SVP-COMMUNICATIONS &	(1)	458,932	45,050	24,763	66,870	11,881	607,496	32,852
MEDIA	(11)	0	0	0	0	- - 0	- 0	0
6MARK PETERSON SVP - GOVERNMENTAL &	(1)	550,023	54,096	66,160	37,427	23,133	730,839	16,500
PUBLI	(11)	0	0	0	0	- - 0	- 0	0
7SUSAN COFFEY SVP - PUBLIC PRACTICE & GL	(1)	586,074	57,900	70,453	36,391	25,929	776,747	16,500
	(11)	0	0	0	0	- - 0	- 0	0
8WILLIAM CARMICHAEL SVP - STRATEGY, PEOPLE & I	(1)	481,852	96,600	39,960	26,759	25,115	670,286	0
311 311 41	(11)	0	0	0	0			0
9RICHARD MILLER FORMER SECRETARY	(1)	103,000	0	0	0	0	103,000	0
. S. C.E. SECRETARY	(11)	0	0	0	0	- - 0	- 0	0

efile GRAPHIC pr	As Filed Data -				
SCHEDULE O	Supplemental Information				
(Form 990 or 990-EZ)		ide information for re			

Department of the

Internal Revenue

Name of the organization

AMERICAN INSTITUTE OF CERTIFIED PUBLIC

Treasury

Service

ACCOUNTANTS

Information to Form 990 or 990-FZ

le 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.

Open to Public

Inspection

OMB No. 1545-0047

DLN: 93493142001257

Employer identification number

13-0432265

Return Explanation Reference FORM 990. IN 2016 THE BY-LAWS WERE AMENDED TO RELFECT THE FOLLOWING CHANGES - ADDED A BYLAW WHICH STATES THAT PART VI. ALL INDIVIDUALS WHO ARE MEMBERS, AFFILIATES OR ASSOCIATES OF THE AICPA SHALL ALSO BE MEMBERS, AFFILIATES SECTION A. OR ASSOCIATES OF THE ASSOCIATION OF INTERNATIONAL CERTIFIED PROFESSIONAL ACCOUNTANTS AS LONG AS THE LINE 4 INDIVIDUAL IS AN INSTITUTE MEMBER. AFFILIATE OR ASSOCIATE. - REVISED THE DEFINITIONS BY LAW TO DEFINE "ASSOCIATION" TO MEAN THE ASSOCIATION OF INTERNATIONAL CERTIFIED PROFESSIONAL ACCOUNTANTS AS IT MAY BE CONSTITUTED AFTER JUNE 30, 2016, AND TO STATE THAT "PRESIDENT" SHALL BE UNDERSTOOD TO MEAN THE CHIEF EXECUTIVE OFFICER OF THE INSTITUTE - REVISED THE NUMBER OF INDIVIDUALS ON THE NOMINATION COMMITTEE - REVISED THE NUMBER OF BOARD OF DIRECTOR MEMBERS NECESSARY FOR A QUORUM MUST SIMPLY BE A MAJORITY - SENIOR STAFF CAN BE APPOINTED BY THE PRESIDENT OF THE INSTITUTE INSTEAD OF APPOINTED BY THE BOARD OF DIRECTORS WHO SHALL HAVE SUCH TITLES AS THE PRESIDENT MAY ASSIGN TO THEM, THAT THE PRESIDENT AND SECRETARY ARE OFFICERS AUTHORIZED, RATHER THAN APPOINTED, BY THE BOARD OF DIRECTORS AND, ALTHOUGH THEY MUST BE EMPLOYEES OF THE INSTITUTE, THAT THEY NEED NOT BE FULL TIME EMPLOYEES - FINANCIAL MANAGEMENT AND BUDGETARY CONTROLS DELEGATED AND APPROVED BY THE BOARD OF DIRECTORS (PREVIOUSLY COUNCIL) - THE

ANNUAL MEETING OF THE INSTITUTE SHALL TAKE PLACE ON A DATE TO BE FIXED BY THE BOARD OF DIRECTORS

(PREVIOUSLY WITHIN 3 MONTHS AFTER THE CLOSE OF THE FISCAL YEAR)

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 BY LAWS, THERE SHALL BE AT LEAST ONE MEMBER OF COUNCIL DIRECTLY ELECTED BY THE MEMBERS OF THE INSTITUTE IN EACH STATE HAVING ONE OR MORE PERSONS ON THE MEMBERSHIP LISTS OF THE INSTITUTE THE TOTAL NUMBER OF DIRECTLY ELECTED MEMBERS OF COUNCIL SHALL BE EIGHTY-FIVE THE NUMBER OF SEATS SHALL BE EQUITABLY ALLOCATED AMONG THE STATES IN DIRECT PROPORTION TO THE NUMBER OF INSTITUTE MEMBERS ENROLLED FROM EACH STATE

Return Reference	Explanation
FORM 990,	THE BOARD OF DIRECTORS SHALL ACT AS THE EXECUTIVE COMMITTEE OF COUNCIL BETWEEN MEETINGS OF COUNCIL,
PART VI,	SHALL CONTROL AND MANAGE THE PROPERTY, BUSINESS, AND ACTIVITIES OF THE INSTITUTE, AND SHALL TAKE
SECTION A,	WHATEVER ACTION IT DEEMS DESIRABLE INCLUDING THE ESTABLISHMENT OF POLICIES FOR THE CONDUCT OF THE
LINE 7B	AFFAIRS OF THE INSTITUTE CONSISTENT WITH THE PROVISIONS OF THESE BY LAWS, RESOLUTIONS OF THE MEMBERSHIP,
	OR ACTIONS OF THE COUNCIL AMENDMENTS TO THE BY LAWS 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,	THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS ENGAGES AN INDEPENDENT CPA TAX PROFESSIONAL TO
PART VI,	PREPARE THE FORM 990 BOARD MEMBERS GENERALLY FEEL THAT THIS IS THE APPROPRIATE FIDUCIARY PROCESS THE
SECTION B,	BOARD OR AUDIT COMMITTEE'S ROLE IS TO EVALUATE THE PERSON(S) OR FIRM HIRED TO PREPARE THE TAX RETURN
LINE 11	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,	THE INSTITUTE MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY SUCH ACTIONS AS A REVIEW OF
SECTION B, LINE 12C	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,	THE AICPA EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF THE BOARD CHAIR, PAST CHAIR, CHAIR OF FINANCE,
PART VI,	VICE CHAIR AND ONE OTHER BOARD MEMBER, REVIEW ALL MATTERS OF COMPENSATION RELATIVE TO THE INSTITUTES
SECTION B,	PRESIDENT AND KEY OFFICERS THE COMMITTEE'S ROLES AND RESPONSIBILITIES INCLUDE, 1) ENSURING THAT THE
LINE 15	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,	THE INSTITUTE'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS
SECTION C, LINE 19	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	ANTI FRAUD CONSULTING SERVICES 80,447 AUDIT COMMITTEE PROJECTS - CAQ 120,960 AUDIT FORUM 19,693 AUDIT STANDARDS BOARD 103,583 BENEFIT CONSULTING/HUMAN RESOURCES 551,877 CAQ VOLUNTEERS 81,105 CGMA MAGAZINE 48,888 CGMA THOUGHT LEADERSHIP 1,200,000 COACHING 395,312 COMMERCIAL SERVICES 7,078,996 COMMITTEE STIPEND 202,500 COMMUNICATIONS 587,014 CONTENT DEVELOPMENT 101,833 CUSTOMER RELATIONSHIP MANAGEMENT 120,084 CYBERSECURITY CAQ 86,009 DIVERSITY TRAINING 86,599 ENHANCING AUDIT QUALITY 438,848 ETHICS CASES ASSISTANCE 169,031 EXAM DEVELOPMENT & DELIVERY 10,153,767 FINANCIAL LITERACY 48,135 FULFILLMENT/STORAGE 411,039 G400 CONSULTING 132,040 GRAPHIC DESIGN 187,360 GSA CONSULTING SERVICES 8,800 HONORARIUM 82,791 IT COMMITTEE PROJECT 191,682 LEARNING DESIGN & DEVELOPMENT 592,878 LOBBY ING/CONGRESSIONAL AFFAIRS 717,410 MISCELLANEOUS 467,221 PCPS NATIONAL OFFICE 366,347 PCPS PUBLICATIONS 145,101 PEER REVIEW 115,291 PHOTOGRAPHY 25,230 PRESS RELATIONS/PUBLICITY 1,129,869 PROFESSIONAL CONSULTING/DESIGN FEES 1,398,522 RESEARCH 81,815 RESEARCH/WRITE/EDIT 297,901 SURVEYS 923,447 TALENT INITIATIVE - CAQ 225,035 TRADE SHOW EXPENSES 336,708 TRANSLATION SERVICES 134,513 VIDEO PRODUCTION 122,952 WORKFLOW AUTOMATION 30,000

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Name, address, and EIN (if applicable) of disregarded entity

DLN: 93493142001257 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Direct controlling

entity

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

► Attach to Form 990.

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

Total income

End-of-year assets

(c)

Legal domicile (state

or foreign country)

Inspection Name of the organization **Employer identification number** AMERICAN INSTITUTE OF CERTIFIED PUBLIC **ACCOUNTANTS** 13-0432265 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(b)

Primary activity

						I	
See Additional Data Table						Tes	NO
,	, , , , , , , , , , , , , , , , , , , ,	or foreign country)		(if section 501(c)((13) c	controlled htity?
or more related tax-exempt organizations during the (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty stat	(f) tus Direct controlling	Section	(g) n 512(b
Part II Identification of Related Tax-Exempt Organiza		ne organization ans	swered "Yes" on I	Form 990, Part	IV, line 34 because	ıt had on	ie
06-1623588							
(4) NORTHSTAR CONFERENCES LLC 220 LEIGH FARM ROAD DURHAM, NC 27707	CONFERENCES	DE	0	0	N/A		
220 LEIGH FARM ROAD DURHAM, NC 27707							
(3) AICPA GLOBAL ENTERPRISES LLC	INVESTMENT	DE	0	20,000			
DURHAM, NC 27707	INVESTMENT	DE	0	20,000			
(2) AICPA GLOBAL ENTERPRISES III LLC 220 LEIGH FARM ROAD DURHAM, NC 27707							
220 LEIGH FARM ROAD	INVESTMENT	DE	0	20,000			

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)		(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
				'			Yes	No		Yes	No											
ASSOCIATION OF INTERNATIONAL CERTIFIED PROFESSIONAL (1) ACCOUNTANTS 220 LEIGH FARM ROAD DURHAM, NC 27707 45-4088500	JOINT VENTURE BETWEEN AICPA & CIMA - GLOBAL PROMOTION OF MGMNT ACCOUNTING		AICPA		-170,019	135,046		No			No	60 000 %										
(2) SHARED SERVICES LLC 220 LEIGH FARM ROAD DURHAM, NC 27707 13-4138330	MANAGE SHARED SERVICES BETWEEN AICPA AND STATE SOCIETIES	DE	N/A	ROYALTIES				No			No	50 000 %										

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	Section (b)(i contro entit	n 512 13) olled cy?
(1)CPA2BIZ INC 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036 22-3731549	INTERNET PORTAL MARKETING	DE	N/A	С	-1,913,756	18,026,405	77 480 %	Yes	No

art 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
		1a	Yes	
		1b	Yes	
	h e e e e e e e e e e e e e e e e e e e	1 c		No
		1d	Yes	
	h e e e e e e e e e e e e e e e e e e e	1e		No
Ŭ	Louis of four guarantees by feraced organization(s)			
f	Dividends from related organization(s)	1f		No
	• • • • • • • • • • • • • • • • • • •	1g		No
_	3	1h		No
	h	1i		No
	F	1j		No
J	Lease of facilities, equipment, of other assets to refated organization(s).	_		
L	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
		11	Yes	
١.	Perior mance of services of membership of fundraising soficitations for related organization(s)			
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	ı
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
	F	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
	F	1 q		No
-				
r	Other transfer of cash or property to related organization(s)	1r	Yes	
	· · · · · · · · · · · · · · · · · · ·	1 s		No

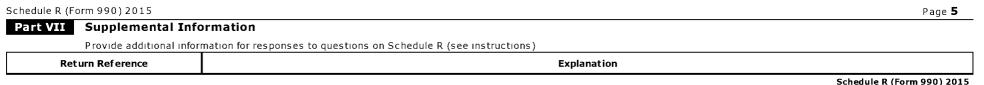
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CPA2BIZ INC	A	2,585,481	
(2)CPA2BIZ INC	М	16,330,913	
(3)AICPA FDN	В	1,490,000	
(4)AICPA FDN	N	265,484	
(5)INST FOR ACCT PROF IN THE AMERICAS	R	290,961	

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

revenue) that was not a related organization. See instructions r																									
(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)	section 501(c)(3) organizations?		organizations		organizations		organizations?		organizations/		organizations		organizations/		(f) Share of total income	al end-of-year	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No													
													_ _												
				l		L				l .	l														



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