



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  
2016Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public  
Inspection

## A For the 2016 calendar year, or tax year beginning 05-01-2016, and ending 04-30-2017

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

C Name of organization PENNSYLVANIA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS		D Employer identification number 23-0959052
Doing business as		E Telephone number (215) 496-9272
Number and street (or P O box if mail is not delivered to street address) 1801 MARKET STREET No 2400		Room/suite
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19103		G Gross receipts \$ 8,120,730
F Name and address of principal officer michael d colgan CAE 1801 MARKET STREET No 2400 PHILADELPHIA, PA 19103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

J Website: ► WWW PICPA.ORG

- H(b) Are all subordinates included?  Yes  No
- If "No," attach a list (see instructions)
- H(c) Group exemption number ►

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1904

M State of legal domicile PA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Serve as an advocate for PICPA members and the CPA profession		
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	2,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	68,290
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	5,470,376	5,364,758
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,940	218,296	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	248,936	200,170	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,939,252	5,783,224	

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,000	203,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,113,386	3,183,529
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,774,661	2,237,982
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,908,047	5,624,511
	19 Revenue less expenses Subtract line 18 from line 12	31,205	158,713
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	10,029,060	10,231,810
21 Total liabilities (Part X, line 26)	3,354,736	2,561,812	
22 Net assets or fund balances Subtract line 21 from line 20	6,674,324	7,669,998	

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,029,060	10,231,810
	21 Total liabilities (Part X, line 26)	3,354,736	2,561,812
	22 Net assets or fund balances Subtract line 21 from line 20	6,674,324	7,669,998
		Beginning of Current Year	End of Year

## Part II Signature Block

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

Sign Here	***** Signature of officer	2017-08-21 Date
	michael d colgan CAE CEO & executive DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOHN J NIHILL CPA	Preparer's signature JOHN J NIHILL CPA	Date 2017-08-21	Check <input type="checkbox"/> if self-employed	PTIN P00844252
	Firm's name ► Wipfli LLP			Firm's EIN ► 39-0758449	
	Firm's address ► 2 West Baltimore Ave Suite 210 Media, PA 19063			Phone no (610) 565-3930	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

PICPA PRESERVES THE LEGACY AND PROPELS THE INTEGRITY OF THE CPA PROFESSION WITH OVER 20,000 MEMBERS, PICPA'S MISSION IS TO FURTHER THE WELL-BEING OF ITS MEMBERS WHILE UPHOLDING THE PUBLIC INTEREST

---

---

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
See Additional Data**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
See Additional Data**4c** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
See Additional Data**4d** Other program services (Describe in Schedule O )  
(Expenses \$  including grants of \$  ) (Revenue \$  )**4e** **Total program service expenses ►**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 <i>Schedule B, Schedule of Contributors</i> (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	Yes
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
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	Yes
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

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

- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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 . . . . .  
**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 . . . . .  
**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 . . . . .
- 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 . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .
- 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 . . . . .  
**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .
- 26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .
- 27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .  
**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  
**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	
<b>22</b>	Yes	
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		
<b>25b</b>		
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>	Yes	
<b>36</b>		
<b>37</b>		No
<b>38</b>	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	27	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	62	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7e</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7f</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>8</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>		
<b>9b</b>			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>12a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		

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

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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	13	
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</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?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?	<b>15a</b> Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b> Yes	
<b>b</b> Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

## Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	
<b>18</b> 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	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ►JENNIFER CRYDER cpa mba - CFO & VP Operations 1801 MARKET STREET No 2400 PHILADELPHIA, PA 19103 (215) 496-9272	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated			
(1) Lisa Myers CPA President	2 00 4 00	X		X			0	0	0
(2) Joseph E Seibert CPA President-Elect	2 00 2 00	X		X			0	0	0
(3) Valerie Trott Williams CPA Vice-President	2 00 3 00	X		X			0	0	0
(4) Stephen Christian CPA Vice-President	2 00 3 00	X		X			0	0	0
(5) Martin Levin CPA Treasurer	2 00 2 00	X		X			0	0	0
(6) Julius Green CPA Immediate Past President	2 00 3 00	X		X			0	0	0
(7) Ryan Brosius CPA DIRECTOR	2 00 2 00	X					0	0	0
(8) James M Brower Jr CPA DIRECTOR	2 00 2 00	X					0	0	0
(9) John HS Cralley CPA DIRECTOR	2 00 2 00	X					0	0	0
(10) Jessica Xi Chen CPA DIRECTOR	2 00 2 00	X					0	0	0
(11) Shawn P Emerson CPA DIRECTOR	2 00 2 00	X					0	0	0
(12) Edward R Jenkins Jr CPA DIRECTOR	2 00 2 00	X					0	0	0
(13) Aaron R Risden CPA DIRECTOR	2 00 2 00	X					0	0	0
(14) Michael D Colgan CAE CEO, Executive Director, Secretary	25 00 15 00			X			344,735	0	93,368
(15) Jennifer Cryder CPA MBA VP - Operations and CFO	25 00 15 00			X			153,761	0	32,728
(16) Peter Calcaro VP - Government Relations	30 00 10 00			X			152,193	0	38,596
(17) Allison Henry CPA VP - Peer Review	40 00 0 00			X			177,801	0	15,445

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) Francesca Zampaglione	0 00			X			165,065	0	22,958
VP - Learning & Dev 5/1/16-1/16/17	40 00								
(19) Lori Braden	40 00				X		137,338	0	19,972
VP - Strategic Marketing	0 00								
(20) Maureen Renzi	40 00				X		154,297	0	33,767
VP - Communications	0 00								
(21) Megan Killian CAE	40 00				X		141,862	0	17,412
VP - Member Relations	0 00								
(22) STEVEN KERR	40 00				X		103,539	0	34,305
VP-STRATEGY & BUSINESS DEVELOPMENT	0 00								
(23) HEATHER TROWER CPA	40 00				X		117,958	0	19,209
MANAGER - PEER REVIEW	0 00								
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							1,648,549	0	327,760

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12

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

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations . . .	1d				
e Government grants (contributions) . . .	1e				
f All other contributions, gifts, grants, and similar amounts not included above . . .	1f				
g Noncash contributions included in lines 1a-1f \$ . . .					
<b>h Total.</b> Add lines 1a-1f . . . ►					
Program Service Revenue		Business Code			
2a Membership Dues . . .		541900	4,624,197	4,624,197	
b Committee Income . . .		541900	419,188	419,188	
c CHAPTER PROGRAM INCOME . . .		541900	321,373	321,373	
d . . .					
e . . .					
f All other program service revenue . . .					
<b>g Total.</b> Add lines 2a-2f . . . ►		5,364,758			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . ►			211,013		211,013
4 Income from investment of tax-exempt bond proceeds . . . ►					
5 Royalties . . . . . ►			111,810		111,810
6a Gross rents . . .	(i) Real	(ii) Personal			
b Less rental expenses . . .					
c Rental income or (loss) . . .					
d Net rental income or (loss) . . . ►					
7a Gross amount from sales of assets other than inventory . . .	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses . . .	2,344,789				
c Gain or (loss) . . .	2,337,506				
d Net gain or (loss) . . . ►	7,283				7,283
8a Gross income from fundraising events (not including \$ . . . of contributions reported on line 1c) See Part IV, line 18 . . . a . . .					
b Less direct expenses . . . b . . .					
c Net income or (loss) from fundraising events . . . ►					
9a Gross income from gaming activities See Part IV, line 19 . . . a . . .					
b Less direct expenses . . . b . . .					
c Net income or (loss) from gaming activities . . . ►					
10a Gross sales of inventory, less returns and allowances . . .					
b Less cost of goods sold . . . b . . .					
c Net income or (loss) from sales of inventory . . . ►					
Miscellaneous Revenue		Business Code			
11a Advertising Revenue . . .		541800	86,723	18,433	68,290
b Mailing List . . .		900099	1,139		1,139
c MISCELLANEOUS . . .		900099	498	498	
d All other revenue . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . ►		88,360			
<b>12 Total revenue.</b> See Instructions . . . . ►		5,783,224	5,383,689	68,290	331,245

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	183,000			
2 Grants and other assistance to domestic individuals See Part IV, line 22	20,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,084,540			
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	1,491,462			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	102,394			
9 Other employee benefits	277,691			
10 Payroll taxes	227,442			
11 Fees for services (non-employees)				
a Management				
b Legal	29,856			
c Accounting	34,250			
d Lobbying	222,654			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,972			
12 Advertising and promotion	168,440			
13 Office expenses	199,206			
14 Information technology	113,495			
15 Royalties				
16 Occupancy	285,363			
17 Travel	142,892			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	176,138			
20 Interest	11,204			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,894			
23 Insurance	23,335			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a Chapter Program Expense	528,779			
b Publications	144,504			
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>5,624,511</b>			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	761,460	<b>1</b>	714,913
	<b>2</b> Savings and temporary cash investments . . . . .	16,175	<b>2</b>	12,583
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	19,156	<b>4</b>	13,121
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	220,620	<b>9</b>	175,123
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	1,806,728		
	<b>10b</b> Less accumulated depreciation . . . . .	1,347,489	<b>10c</b>	459,239
	<b>11</b> Investments—publicly traded securities . . . . .	1,368,892	<b>11</b>	1,075,270
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	6,950,437	<b>12</b>	7,755,315
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	26,246	<b>15</b>	26,246
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,029,060	<b>16</b>	10,231,810
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	487,656	<b>17</b>	699,473
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	753,575	<b>19</b>	840,785
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	2,113,505	<b>25</b>	1,021,554
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,354,736	<b>26</b>	2,561,812
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,674,324	<b>27</b>	7,669,998
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	6,674,324	<b>33</b>	7,669,998
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	10,029,060	<b>34</b>	10,231,810

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	5,783,224
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	5,624,511
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	158,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	6,674,324
5	Net unrealized gains (losses) on investments . . . . .	5	836,961
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,669,998

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b> <input type="checkbox"/> No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b> <input type="checkbox"/> Yes
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2c</b> <input type="checkbox"/> Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>3a</b> <input type="checkbox"/> No
3b	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		<b>3b</b> <input type="checkbox"/>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-0959052

**Name:** PENNSYLVANIA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

Form 990 (2016)

---

### Form 990, Part III, Line 4a:

Voice of the Profession - PICPA members are highly respected and positioned to respond to legislators, regulators, the business community, media, and consumers at large with messaging developed collaboratively, presented consistently, and delivered professionally to protect the public interest and advocate on behalf of the profession. PICPA provides the tools, resources, and guidance to assist members with these efforts

---

## **Form 990, Part III, Line 4b:**

Engagement - PICPA members build their professional network, collaborate with colleagues to develop technical resources, heighten the CPA presence in the business community and the general public, affect legislation in PA, and recognize and respect their peers. PICPA holds over 100 networking programs and supports numerous social media tools to provide members the opportunities to share ideas and collaborate.

---

## **Form 990, Part III, Line 4c:**

Professional development - PICPA members experience professional and personal growth by commenting on emerging technical issues, sharing knowledge in a collaborative environment, building business relationships among peers, and developing leadership skills to enhance job performance. PICPA has over 175 state and chapter committees that serve as the primary method for the delivery of these services

---

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" 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 PENNSYLVANIA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS	Employer identification number 23-0959052
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

► \$ \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 Yes  No

- 4a Was a correction made?

 Yes  No

- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file Form 1120-POL for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

► \$ 74,885

► \$ \_\_\_\_\_

► \$ 74,885

 Yes  No

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE	1801 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19013	23-2178228		40,769
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ►  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

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

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

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

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

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
- a Volunteers?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total Add lines 1c through 1i
- 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b If "Yes," enter the amount of any tax incurred under section 4912
- c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
1			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
2a			
b			
c			
d			

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

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1	1	No
2	2	No
3	3	Yes

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

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

1	4,624,197
2a	222,654
2b	
2c	222,654
3	296,945
4	
5	-74,291

**Part IV Supplemental Information**

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

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

2016

Open to Public  
InspectionSCHEDULE D  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/form990).

Name of the organization PENNSYLVANIA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS	Employer identification number 23-0959052
---	--

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		<b>Held at the End of the Year</b>
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	► \$	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$	
(i) Revenue included on Form 990, Part VIII, line 1	► \$	
(ii) Assets included in Form 990, Part X	► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$	
a Revenue included on Form 990, Part VIII, line 1	► \$	
b Assets included in Form 990, Part X	► \$	

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	2,237,930	2,465,733	2,424,434	2,255,591	2,131,407
b Contributions . . . . .	121,689	172,669	183,873	207,930	182,177
c Net investment earnings, gains, and losses	315,812	-120,062	170,731	259,413	244,007
d Grants or scholarships . . . . .	149,500	264,000	296,500	297,500	301,000
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	17,045	16,410	16,805	1,000	1,000
g End of year balance . . . . .	2,508,886	2,237,930	2,465,733	2,424,434	2,255,591

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

a Board designated or quasi-endowment ► 0 %

b Permanent endowment ► 2 050 %

c Temporarily restricted endowment ► 97 950 %

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

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

(i) unrelated organizations . . . . .

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

(ii) related organizations . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings				
c Leasehold improvements		12,500	8,455	4,045
d Equipment . . . . .		1,794,228	1,339,034	455,194
e Other . . . . .				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ► 459,239

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Vanguard Total International Stock Index Fund	2,819,199	F
(B) Vanguard Total Bond Market Index Fund	700,538	F
(C) VANGUARD TOTAL STOCK MKT IDX INST	4,235,578	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►	7,755,315	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
due to picpa foundation for education and research	676,857
DUE TO SCHOLARSHIP FUND OF THE PICPA	3,000
deferred rent liability	341,697
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►	1,021,554

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	6,608,981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	836,961
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	-11,204
e	Add lines 2a through 2d . . . . .	2e	825,757
3	Subtract line 2e from line 1 . . . . .	3	5,783,224
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	5,783,224

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements . . . . .	1	5,613,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	5,613,307
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	11,204
c	Add lines 4a and 4b . . . . .	4c	11,204
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	5,624,511

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-0959052  
**Name:** PENNSYLVANIA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

## Supplemental Information

Return Reference	Explanation
Part V, Line 4	All endowment funds are held by a related organization - PICPA's Scholarship Fund. These funds and related income are restricted to granting scholarships to students majoring in accounting at a PA college or university. Permanently restricted net assets are restricted by the donors in perpetuity. These net assets are held by the Scholarship Fund and the related income is restricted by the donors to the funding of student scholarships. Capital gains are also available for scholarships. Temporarily restricted net assets are available to fund student scholarships and awards. In most cases, the donors have not limited the amounts that can be used for scholarships in a given year.

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	As a member of a group with combined financial statements, the Institute is exempt from federal income taxes under Section 501(c)(6) of the Internal Revenue Service Code. The Institute is subject to tax on net income not related to the exempt purposes of the organization. Since the revenues generated from unrelated business income did not exceed the related expenses, no provision for income taxes has been accrued. The tax filings for fiscal 2014, 2015 and 2016 are subject to examination, generally for three years after they were filed.

## Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Interest expense -11,204

## Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	INTEREST EXPENSE 11,204

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," 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](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Name of the organization  
PENNSYLVANIA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTSEmployer identification number  
23-0959052**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

 Yes  No
**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PENNSYLVANIA CPA FOUNDATION 1801 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103	81-5449140	501(C)3	133,000				SUPPORT ORGANIZATIONS MISSION
(2) PENNSYLVANIA INSTITUTE OF CPAS TRUSTEES OF THE SCHOLARSHIP FUND 1801 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103	23-6392255	501(C)3	50,000				SUPPORT ORGANIZATIONS MISSION

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

2

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) cpa exam scholarship	40	20,000	0	n/a	n/a
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	PICPA publicizes its scholarship program through its website. Scholarships are available only to those individuals who are eligible to sit for the cpa exam. An applicant is required to submit an application which is reviewed by the member service committee. The committee chooses winners based on the content of the applications submitted and awards a \$500 scholarship.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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.  
 ► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public Inspection**Name of the organization  
PENNSYLVANIA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTSEmployer identification number  
23-0959052**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?  
**b** Any related organization?  
 If "Yes," on line 5a or 5b, describe in Part III

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?  
**b** Any related organization?  
 If "Yes," on line 6a or 6b, describe in Part III

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Yes****No**

<b>1b</b>	Yes	
	2	Yes
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael D Colgan CAE CEO, Executive Director, Secretary	(i) 310,055	31,000	3,680	82,295	11,073	438,103	0
	(ii) 0	0	0	0	0	0	0
2 Jennifer Cryder CPA MBA VP - Operations and CFO	(i) 143,510	10,125	126	8,186	24,542	186,489	0
	(ii) 0	0	0	0	0	0	0
3 Peter Calcara VP - Government Relations	(i) 141,434	9,350	1,409	13,024	25,572	190,789	0
	(ii) 0	0	0	0	0	0	0
4 Allison Henry cpa VP - Peer Review	(i) 165,508	11,350	943	14,245	1,200	193,246	0
	(ii) 0	0	0	0	0	0	0
5 Francesca Zampaglione VP - Learning & Dev 5/1/16-1/16/17	(i) 155,478	9,375	212	13,347	9,611	188,023	0
	(ii) 0	0	0	0	0	0	0
6 Lori Braden VP - Strategic Marketing	(i) 127,654	8,800	884	11,022	8,950	157,310	0
	(ii) 0	0	0	0	0	0	0
7 Maureen Renzi VP - Communications	(i) 142,841	10,000	1,456	12,256	21,511	188,064	0
	(ii) 0	0	0	0	0	0	0
8 Megan Killian CAE VP - Member Relations	(i) 131,998	8,850	1,014	2,883	14,529	159,274	0
	(ii) 0	0	0	0	0	0	0

---

**See Additional Data Table**

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS WHEN THE PICPA REPORTS COMPANION TRAVEL REIMBURSED TO AN EMPLOYEE, THE PICPA PAYS THE EMPLOYEE AND EMPLOYER PAYROLL TAXES ON THAT AMOUNT. SPOUSE TRAVEL INCLUDED IN W-2 UNDER COLUMN B(III) OTHER REPORTABLE COMPENSATION OF THE OFFICER. Social dues. The PICPA reimburses the CEO for his membership at the Pyramid club. The membership payments were not included in the CEO's w2 as they are for a bona-fide business purpose.
Part I, Line 4b	EFFECTIVE MAY 1, 2015, THE ORGANIZATION ENTERED IN TO A DEFERRED COMPENSATION PLAN FOR THE BENEFIT OF THE CEO, MICHAEL D COLGAN. THE PLAN WILL ACCRUE ANNUAL CREDITS, AS DETERMINED BY THE PICPA'S COMPENSATION COMMITTEE, TO A DEFERRED COMPENSATION ACCOUNT WHICH WILL REMAIN UNFUNDDED UNTIL JANUARY 1, 2022, THE DATE THE BENEFITS ARE PAYABLE. THE CREDITS WILL EARN INTEREST AT THE GREATER OF 3% OR 150% OF THE FEDERAL AFR MID-TERM RATE COMPOUNDING ANNUALLY ON APRIL 30TH OF EACH CALENDAR YEAR. THE DEFERRED COMPENSATION ACCOUNT BECOMES FULLY VESTED ON DECEMBER 31, 2021.

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

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

PENNSYLVANIA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

23-0959052

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 3	Effective April 1, 2017 the Pennsylvania CPA Foundation was formed. The PICPA shifted programming focused on the student pipeline, talent and diversity over to the Pennsylvania CPA Foundation

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	<p>CPA MEMBERS ARE ABLE TO SUBMIT NOMINATIONS AND ELECT MEMBERS OF THE GOVERNING BODY MEMBER SHIP CATEGORIES ARE AS FOLLOWS THE CPA MEMBERS OF THIS INSTITUTE WITH VOTING RIGHTS SHALL CONSIST OF FIVE CLASSES ACTIVE MEMBERS, NON-RESIDENT MEMBERS, RETIRED MEMBERS, LIFE MEMBERS AND HONORARY MEMBERS ACTIVE MEMBERS ANY PERSON WHO IS A CERTIFIED PUBLIC ACCOUNTANT OF PENNSYLVANIA OR ANOTHER STATE OR POLITICAL SUBDIVISION OF THE UNITED STATES, OR WHO IS A CERTIFIED PUBLIC ACCOUNTANT OR THE SUBSTANTIAL EQUIVALENT THEREOF OF A FOREIGN COUNTRY OR POLITICAL SUBDIVISION OF SUCH FOREIGN COUNTRY SHALL BE ELIGIBLE TO APPLY TO BECOME AN ACTIVE MEMBER NON-RESIDENT MEMBERS ANY PERSON WHO IS A CERTIFIED PUBLIC ACCOUNTANT OF PENNSYLVANIA AND WHO DOES NOT RESIDE IN PENNSYLVANIA AND IS NEITHER ENGAGED IN PUBLIC PRACTICE NOR OTHERWISE EMPLOYED IN PENNSYLVANIA SHALL BE ELIGIBLE TO APPLY TO BECOME A NON-RESIDENT MEMBER RETIRED MEMBERS ANY ACTIVE OR NON-RESIDENT MEMBER WHO IS NOT ENGAGED IN THE PRACTICE OF PUBLIC ACCOUNTING OR OTHER EMPLOYMENT AND IS NOT CURRENTLY SEEKING EMPLOYMENT MAY REQUEST TRANSFER TO RETIRED MEMBERSHIP PROVIDED HE/SHE HAS BEEN A MEMBER IN GOOD STANDING FOR AT LEAST ONE YEAR IMMEDIATELY PRECEDING HIS/HER REQUEST TO TRANSFER TO RETIRED MEMBER SHIP LIFE MEMEBER ANY ACTIVE, NON-RESIDENT, OR RETIRED MEMBER WHO HAS BEEN A MEMBER OF T HE PENNSYLVANIA INSTITUTE FOR FORTY CONSECUTIVE YEARS SHALL BE ELIGIBLE FOR ELECTION TO LI FE MEMBERSHIP LIFE MEMBERS SHALL NOT BE REQUIRED TO PAY MEMBERSHIP DUES AND SHALL RECEIVE A CERTIFICATE ACKNOWLEDGING THEIR LONG SERVICE TO THE INSTITUTE HONORARY MEMEBER HONORARY MEMBERS SHALL CONSIST OF SUCH PERSONS WHO, ON ACCOUNT OF THEIR ACTIVE INTEREST IN OR PAST CONTRIBUTIONS TO THE PROMOTION OF THE OBJECTS OF THE PROFESSION, ARE ELECTED BY THE BOA RD OF THE INSTITUTE IN ACCORDANCE WITH THE BYLAWS, PROVIDED ALSO THAT SUCH PERSONS ARE CERTIFIED PUBLIC ACCOUNTANTS OF PENNSYLVANIA OR ANOTHER STATE OR POLITICAL SUBDIVISION OF THE UNITED STATES OR CERTIFIED PUBLIC ACCOUNTANTS, OR THE SUBSTANTIAL EQUIVALENT THEREOF, OF A FOREIGN COUNTRY OR POLITICAL SUBDIVISION OF SUCH FOREIGN COUNTRY THE NON-CPA MEMBERS OF THIS INSTITUTE WITHOUT VOTING RIGHTS SHALL CONSIST OF FOUR CLASSES ACCOUNTING AFFILIATE, CANDIDATE FOR ADMISSION, ASSOCIATE AND STUDENT AFFILIATE ACCOUNTING AFFILIATE ANY PERSON WHO HAS GRADUATED FROM AN ACCREDITED COLLEGE OR UNIVERSITY WITH A BACCALAUREATE DEGREE I N ACCOUNTING (OR A RELATED FIELD) OR BEEN GRANTED A GRADUATE DEGREE IN ACCOUNTING (OR A RELATED FIELD) FROM A COLLEGE OR UNIVERSITY, MAY SEEK TO BECOME AN ACCOUNTING AFFILIATE OF T HE INSTITUTE CANDIDATE FOR ADMISSION ANY INDIVIDUAL WHO HAS PASSED THE CPA EXAM IN PENNS YLVANIA OR ANY OTHER STATE OR POLITICAL SUBDIVISION OF THE UNITED STATES, OR THE EQUIVALEN T THEREOF OF A FOREIGN COUNTRY OR ITS POLITICAL SUBDIVISION, BUT WHO IS IN THE PROCESS OF FULFILLING THE WORK EXPERIENCE REQUIREMENT TO OBTAIN THE CPA LICENSE ASSOCIATE ANY INDIV IDUAL WHO IS NOT A CPA AND IS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	AN OWNER OR PROFESSIONAL EMPLOYEE OF A LICENSED CPA FIRM OR SOLE PRACTITIONER OR, ANY INDIVIDUAL WHO WORKS UNDER THE DIRECT SUPERVISION OF A PICPA ACTIVE MEMBER IN INDUSTRY/GOVERNMENT or is an active educator STUDENT AFFILIATE ANY INDIVIDUAL ENROLLED FULL-TIME AT AN ACCREDITED COLLEGE OR UNIVERSITY AND WHO IS MAJORING IN ACCOUNTING OR A RELATED FIELD, OR ANY ACCOUNTING MAJOR ENROLLED FULL-TIME IN A GRADUATE PROGRAM

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	all CPA members have the right to elect members of the organization's governing body

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The CPA members of the PICPA have the power to select the at-large members of the Board and Council, as well as members of selected Committees

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 will be reviewed by management and the Audit Committee. After management and the Audit Committee have reviewed, the Board will be provided with a copy one week before filing, during which time they can review and comment.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	PICPA HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS REVIEWED AND ACKNOWLEDGED ANNUALLY BY PICPA BOARD MEMBERS, COUNCIL MEMBERS, CHAPTER PRESIDENTS AND PRESIDENTS-ELECT THIS WRITTEN CONFLICT OF INTEREST DOCUMENT IS PROVIDED TO EACH OF THE ABOVE INDIVIDUALS AT THE FIRST ORGANIZATIONAL MEETING FOLLOWING THE INSTALLATION OF THE NEW LEADERSHIP AT THE PICPA ANNUAL MEETING A SIGNED ACKNOWLEDGMENT OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MAINTAINED IN THE PICPA HEADQUARTERS AND IS MONITORED AND ENFORCED BY MICHAEL D COLGAN, EXECUTIVE DIRECTOR ALL INDIVIDUALS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY HAVE AN ONGOING DUTY TO DISCLOSE CONFLICTS OF INTEREST AS THEY ARISE In addition, all PICPA employees are required to review and acknowledge the PICPA Code of Conduct for employees, including a conflict of interest policy This signed acknowledgment is provided by all PICPA employees at the beginning of the fiscal year (May 1), or upon employment All employees shall have a continuing duty to disclose conflicts of interest as they arise IN the event that an individual above has a personal interest or a conflict of interest that arises, it must be disclosed in writing to the CEO/Executive Director immediately Thereafter, that individual shall refrain from any portion of any meeting when these matters are discussed or considered as their presence could inhibit free discussion of the matter Minutes of appropriate meetings should reflect that such disclosure was made, and that such person was not present during discussions of, and abstained from voting on, the conflict matter

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>PICPA's Compensation Committee consists of PICPA's Immediate Past President, President, and President-elect. Each year, the Compensation Committee convenes to review the compensation of the CEO and other key employees. The annual salary review consists of a multi-step process: 1) the CEO prepares annual objectives and goals which are reviewed and approved by the committee, 2) the President and President-elect compare CEO compensation levels with their counterparts in the 11 largest state CPA societies, review compensation levels as disclosed on other comparable organizations 990s and periodically engages an independent compensation consultant to survey the marketplace, 3) the Committee reviews the results of an annual compensation survey conducted by one of the state CPA societies, and 4) the Committee reviews the summary of CEO accomplishments based on the stated objectives and goals. Minutes of the meeting are prepared and maintained by the Compensation Committee. The final salary for the CEO is communicated to the CEO and CFO from the Compensation Committee. The Compensation Committee will reconvene near the end of the fiscal year to determine if any additional bonus will be paid to the CEO under the terms of the CEO's contract with the PICPA. Allowable fringe benefits for the CEO are detailed in the CEO's written employment agreement.</p> <p>THE CEO PRESENTS ANNUALLY TO THE COMPENSATION COMMITTEE AN ANALYSIS OF THE PERFORMANCE OF THE ORGANIZATION'S KEY EMPLOYEES. AT THAT TIME THE COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THIS GROUP, AS SUGGESTED BY THE CEO.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	the governing documents, conflict of interest policy, and financial statements are available to the public upon request. the financial statements are also posted on <a href="http://www.picpa.org">www.picpa.org</a>

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

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

► **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

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

**Employer identification number**

23-0959052

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1)picpa foundation for education and research 1801 MARKET ST SUITE 2400	to provide a broad spectrum of high quality educational programs	PA	501(c)(3)	Line 10	picpa	Yes
philadelphia, PA 19103 22-2470981						
(2)pennsylvania institute of cpas trustees of the scholarship fund 1801 MARKET ST SUITE 2400	award scholarships to encourage college students to pursue careers as cpas	PA	501(c)(3)	170(b)(1)(A)(vi)	picpa	No
philadelphia, PA 19103 23-6392255						
(3)POLITICAL INFORMATION COMMITTEE OF CPA'S 1801 MARKET ST SUITE 2400	political action committee	PA	527	n/a	picpa	Yes
Philadelphia, PA 19103 23-2178228						
(4)PENNSYLVANIA CPA FOUNDATION 1801 MARKET ST SUITE 2400	To support careers in accounting and pursuit of CPA credential	PA	501(c)(3)	509(a)(3),Type I	picpa	Yes
Philadelphia, PA 19103 81-5449140						

**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.

**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.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PICPA FOUNDATION FOR EDUCATION AND RESEARCH	N	222,316	FMV
(2)PICPA FOUNDATION FOR EDUCATION AND RESEARCH	O	2,040,130	FMV
(3)PICPA FOUNDATION FOR EDUCATION AND RESEARCH	Q	134,207	FMV
(4)PENNSYLVANIA CPA FOUNDATION	B	133,000	FMV

**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.

**Part VII      Supplemental Information**

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

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