DLN: 93493319066558 **Return of Organization Exempt From Income Tax** Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

2017

			foundations)								
-		of the Treasurv enue Service		cial security numbers on this form as out Form 990 and its instructions is a				C	pen to Public Inspection		
A F	or th	e <b>2017</b> ca	  endar year, or tax year begi	inning 01-01-2017 , and ending	12-31-	-2017					
<b>B</b> Che	ck ıf a dress me ch	applicable change nange	C Name of organization AMERICAN INSTITUTE OF CERTIFI ACCOUNTANTS Doing business as				D Employe 13-0432		ication number		
☐ Fina	al retur	rn/terminated	N		, ,		E Telephone	e number			
		d return ion pending	Number and street (or P O box if i 220 LEIGH FARM ROAD	mail is not delivered to street address) Ro	om/suite	9		(919) 402-4500			
			City or town, state or province, col DURHAM, NC 277078110	untry, and ZIP or foreign postal code					<del></del> -		
		Ļ					<b>G</b> Gross red		74,288,375		
			F Name and address of princip BARRY MELANCON 1211 AVENUE OF THE AMERICA				s a group ret rdinates?	urn for	□Yes <b>☑</b> No		
			NEW YORK, NY 10036	M5 			II subordinate	es	☐ Yes ☐No		
I Ta:	k-exer	mpt status	501(c)(3) 501(c)(6)	<b>◀</b> (insert no )		If "N	o," attach a li		•		
J W	ebsit	te:► WW\	W AICPA ORG			H(c) Grou	p exemption	number	<b>&gt;</b>		
<b>K</b> Forr	n of o	rganization	✓ Corporation ☐ Trust ☐ Ass	sociation ☐ Other ►	ı	L Year of form	ation 1916	<b>M</b> State	of legal domicile DC		
Pa	rt I	Sumn	•		<u> </u>						
Activities & Governance	- , ,	THE AMERI ARE TO SEI ADVANCE T	RVE AND UNITE THE ACCOUNTA	or most significant activities PUBLIC ACCOUNTANTS IS A MEMBER ANCY PROFESSION, TO DEVELOP ANI Y, TO DEVELOP AND IMPROVE ACOU	D MAIN	TAIN HIGH	PROFESSION	AL STAN	IDARDS, TO		
ven	-										
og ø				iscontinued its operations or dispose					265		
<u> </u>	l			ing body (Part VI, line 1a) of the governing body (Part VI, line 1				3	265 262		
Ĭ	l		•	calendar year 2017 (Part V, line 2a)				5	0		
A	6	Total num	ber of volunteers (estimate if ne	ecessary)			•	6	1,783		
	l			rt VIII, column (C), line 12			•	7a 7b	5,096,391		
	Ь	Net unreia	ited business taxable income fro	om Form 990-T, line 34	• •	_	ior Year	/b  	370,796 Current Year		
O.	8	Contribution	ons and grants (Part VIII, line 1	h)			55,178,8	05	135,938,661		
ēnuē	ı		• , ,	h)	•						
Ravenue	9 10	Program s Investmer	ervice revenue (Part VIII, line 2 nt income (Part VIII, column (A)	2g)			55,178,8 47,145,9 2,267,8	99	135,938,661 101,333,456 19,228,315		
	9 10 11	Program s Investmen Other reve	ervice revenue (Part VIII, line 2 nt income (Part VIII, column (A) enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			55,178,8 47,145,9 2,267,8 3,922,9	99 64 36	135,938,661 101,333,456 19,228,315 10,312,833		
	9 10 11 12	Program s Investmer Other reve Total reve	ervice revenue (Part VIII, line 2 nt income (Part VIII, column (A) enue (Part VIII, column (A), line nue—add lines 8 through 11 (m	eg)			55,178,8 47,145,9 2,267,8 3,922,9 108,515,6	99 64 36 04	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265		
	9 10 11 12 13	Program s Investmen Other reve Total reve Grants and	ervice revenue (Part VIII, line 2 nt income (Part VIII, column (A) enue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX,	es 5, 6d, 8c, 9c, 10c, and 11e)	12)		55,178,8 47,145,9 2,267,8 3,922,9	99 64 36 04	135,938,661 101,333,456 19,228,315 10,312,833		
Raven	9 10 11 12 13 14	Program s Investmen Other reve Total reve Grants and Benefits p	ervice revenue (Part VIII, line 2 nt income (Part VIII, column (A), enue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, aid to or for members (Part IX,	es 5, 6d, 8c, 9c, 10c, and 11e) sust equal Part VIII, column (A), line column (A), lines 1–3)	12)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6	99 64 36 04 43	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747		
Raven	9 10 11 12 13 14 15 16a	Program s Investmen Other reve Total reve Grants and Benefits po Salaries, of	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, aid to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, col	2g)	12)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8	99 64 36 04 43	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747		
	9 10 11 12 13 14 15 16a b	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o Profession Total fundra	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, aid to or for members (Part IX, other compensation, employee benal fundraising fees (Part IX, column (D),	2g)	12)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3	99 64 36 04 43 0	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118		
Raven	9 10 11 12 13 14 15 16a b	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, aid to or for members (Part IX, other compensation, employee ball fundraising fees (Part IX, column (D), enses (Part IX, column (A), line	2g)	12)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3	99 664 36 04 43 0 84 0	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0		
Raven	9 10 11 12 13 14 15 16a b 17	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m) d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee ball fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses Add lines 13–17 (must expressed)	2g)	12) -10)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3	99 964 36 04 43 0 0 884 0	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118		
Expenses Raven	9 10 11 12 13 14 15 16a b 17	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m) d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee ball fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses Add lines 13–17 (must expressed)	2g)	12) -10)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3	999 664 336 004 443 0 884 0	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800		
Expenses Raven	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o Profession Total fundra Other expe Total expe Revenue le	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m) d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee ball fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses Add lines 13–17 (must expressed)	2g)	12) -10)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4	999 664 336 004 443 0 884 0	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465		
Expenses Raven	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe Total expe Revenue le	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee benal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses Add lines 13–17 (must expense sexpenses Subtract line 18 for the sexpense sexpense sexpenses Subtract line 18 for the sexpense	2g)	12) -10)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 of Current Ve	99 99 164 36 04 43 0 84 0 53 80 76 ear	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619		
Net Assets or Expenses Raven Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe Total expe Revenue le Total asset Total liabil Net assets	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must expense Subtract line 18 for the service (Part X, line 16)	2g)	12) -10)		55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 of Current Ve	99 99 164 36 04 43 0 84 0 53 80 76 ear	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150		
Net Assets or Expenses Raven	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o Profession Total fundra Other expe Total expe Revenue le Total asset Total liabil Net assets Signa alties of pe	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the state (Part X, line 26)	2g)	12)10)	Beginning chedules an	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 of Current Ye 176,495,9 162,266,2 14,229,6 d statements	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my		
Net Assets or Expenses Raven	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o Profession Total fundra Other expe Total expe Revenue le Total asset Total liabil Net assets Signa alties of pe	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the state (Part X, line 26)	2g)	12)10)	Beginning chedules an	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 of Current Ye 176,495,9 162,266,2 14,229,6 d statements	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my		
Net Assets or Expenses Raven Raven	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmer Other reve Total reve Grants and Benefits po Salaries, o Profession Total fundra Other expe Total expe Revenue le Total asset Total liabil Net assets Signa alties of pee e and belief, edge	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, aid to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must expense sexpenses Subtract line 18 for the sexpense of the sexpense Subtract line 18 for fund balances Subtract line sexpense Subtract line sexpenses Subtract line	2g)	12)10)	Beginning  chedules an r) is based of	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 1 of Current Ye 176,495,9 162,266,2 14,229,6 d statements on all informal	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my		
Signal Parances of Expenses Raven Raven Barences of Expenses Raven Raven	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till pendedge nowled	Program s Investmer Other reve Total reve Grants and Benefits po Salaries, o Profession Total fundra Other expe Total expe Revenue le Total asset Total liabil Net assets Signa alties of pee e and belief, edge	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the state (Part X, line 26)	2g)	12)10)	Beginning  chedules an r) is based	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 1 of Current Ye 176,495,9 162,266,2 14,229,6 d statements on all informal	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my		
kouyn Net Assets or Expenses Raven Raven Raven	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till pendedge nowled	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe Total expe Revenue le  Total asset  Signa alties of pe and belief edge  SCOTT S	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the service of fund balances Subtract line 18 for the service of officer epilegel CFO	2g)	12)10)	Beginning  chedules an r) is based of	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 1 of Current Ye 176,495,9 162,266,2 14,229,6 d statements on all informal	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my		
Signal Parances of Expenses Raven Raven Barences of Expenses Raven Raven	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till pendedge nowled	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe Total expe Revenue le  Total asset  Total liabil Net assets  Signa alties of pe and belief, edge  SCOTT S Type or	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the service of form of the service (Part X, line 26)	2g)	12)10)	Beginning  chedules an r) is based of	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 of Current Ye 176,495,9 162,266,2 14,229,6 d statements on all informa	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my		
Net Assets of Expenses Raven Bayences United Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 ttll peniedge nowle	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o a Profession Total fundra Other expe Total expe Revenue le  Total asset  Signa alties of pe and belief edge  SCOTT S Type or	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must expense sexpenses Subtract line 18 for the sex or fund balances Subtract line iture Block  Try I declare that I have exart, it is true, correct, and complet the officer of officer  SPIEGEL CFO print name and title	es 5, 6d, 8c, 9c, 10c, and 11e)  sust equal Part VIII, column (A), line column (A), lines 1–3 ) column (A), line 4) column (A), line 4) conefits (Part IX, column (A), lines 5- umn (A), line 11e) s 11a–11d, 11f–24e) qual Part IX, column (A), line 25) from line 12 column (A), line 25 column (A), line 3 column (A), line 4 column (A), li	12)  -10)  -  nying son office	Beginning  Chedules an r) is based of Da	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 1 of Current Ye 176,495,9 162,266,2 14,229,6 d statements on all informa	999	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my which preparer has		
Her Assets or Expenses Raven R	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till pendedge nowle	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o Profession Total fundra Other expe Total expe Revenue le  Total asset  Signa alties of pe and belief, edge  SCOTT S Type or  Pri TH	ervice revenue (Part VIII, line 2 and income (Part VIII, column (A), line nue—add lines 8 through 11 (m) dismilar amounts paid (Part IX, and to or for members (Part IX, and to or for members (Part IX, other compensation, employee benal fundraising fees (Part IX, column (D), enses (Part IX, column (A), line enses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the service of the service (Part X, line 26)	Preparer's signature THOMAS LANNING	12)  -10)  -  nying son office	Beginning  Chedules an r) is based of  20  Da  Tele 18-11-12 Ch sel Fir	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 1 of Current Ve 176,495,9 162,266,2 14,229,6 d statements on all informal 18-11-14 tee	999 664 366 004 443 0 884 0 766 887 18 31 87 , and to ottion of v	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my which preparer has		
Net Assets or Expenses Basels Basels or Expenses Basels or Expenses Basels or Expenses Basels Basels or Expenses Basels or Expenses Basels or Expenses Basels Basels or Expenses Basels or Expenses Basels or Expenses Basels	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till pendedge nowle	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, o Profession Total fundra Other expe Total expe Revenue le  Total asset  Signa alties of pe and belief, edge  SCOTT S Type or  Pri TH	ervice revenue (Part VIII, line 2 at income (Part VIII, column (A), line nue (Part VIII, column (A), line nue—add lines 8 through 11 (m) d similar amounts paid (Part IX, and to or for members (Part IX, other compensation, employee be nat fundraising fees (Part IX, column (D), lenses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must enses expenses Subtract line 18 for the season of	Preparer's signature THOMAS LANNING  Pes 5, 6d, 8c, 9c, 10c, and 11e)  Preparer's signature THOMAS LANNING  Pes 5, 6d, 8c, 9c, 10c, and 11e)  Preparer's signature THOMAS LANNING	12)  -10)  -  nying son office	Beginning  Chedules an r) is based of  20  Da  Tele 18-11-12 Ch sel Fir	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 10 of Current Ye 176,495,9 162,266,2 14,229,6 d statements on all informal 18-11-14 te eck if feemployed	999 664 366 004 443 0 884 0 766 887 18 31 87 , and to ottion of v	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my which preparer has		
Net Assets or Expenses Balances Balances Expenses Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 19 Peniedge nowled	Program s Investmen Other reve Total reve Grants and Benefits po Salaries, o a Profession Total fundra Other expe Revenue le Total asset Total liabil Net assets Signa alties of pe e and belief, edge  SCOTT S Type or  Pri TH Fir	ervice revenue (Part VIII, line 2 and income (Part VIII, column (A), line nue—add lines 8 through 11 (m) dismilar amounts paid (Part IX, and to or for members (Part IX, and to or for members (Part IX, and to or for members (Part IX, column (A), line standard (Part IX, column (B), line standard (Part IX, column (B), line standard (Part IX, column (B), line standard (Part IX, column (A), line standard (Part IX, column (A), line standard (Part IX, column (A), line standard (Part IX, column (B), line standard (Part IX, column (B), line standard (Part IX, line 16)	Preparer's signature THOMAS LANNING  Pes 5, 6d, 8c, 9c, 10c, and 11e)  Preparer's signature THOMAS LANNING  Pes 5, 6d, 8c, 9c, 10c, and 11e)  Preparer's signature THOMAS LANNING	12)  -10)  -  nying son office	Beginning  Chedules an r) is based of  20  Da  Tele 18-11-12 Ch sel Fir	55,178,8 47,145,9 2,267,8 3,922,9 108,515,6 3,289,8 44,561,3 64,117,8 111,969,0 -3,453,4 1 of Current Ve 176,495,9 162,266,2 14,229,6 d statements on all informal 18-11-14 tee	199	135,938,661 101,333,456 19,228,315 10,312,833 266,813,265 1,442,747 0 -2,179,118 0 254,013,171 253,276,800 13,536,465 End of Year  178,499,150 155,407,619 23,091,531 the best of my which preparer has		

Form	1 990 (2017)				Page <b>2</b>
Pai	t IIII Statement	of Program Service Ac	complishments		
	Check If Sched	dule O contains a response c	r note to any line in this Part III		🗹
1	Briefly describe the o	rganızatıon's mıssıon			
SER	/E AND UNITE THE ACC	COUNTANCY PROFESSION, T	OUNTANTS IS A MEMBERSHIP ORG O DEVELOP AND MAINTAIN HIGH TANCY EDUCATION AND TO PROV	PROFESSIONAL STANDARDS, TO	ADVANCE THE SCIENCE
2	-	undertake any significant pro	ogram services during the year wh	nich were not listed on	☐ Yes ☑ No
	If "Yes," describe the	se new services on Schedule	: O		
3	Did the organization of				
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		mplishments for each of its three i e required to report the amount o service reported		
4a	(Code	) (Expenses \$	ıncludıng 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		es (Describe in Schedule O	•		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	ice expenses ▶			

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

Νo

No

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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 . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

3

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Form 990 (2017)							
Par	Checklist of Required Schedules (continued)						
		Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a		No				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?						
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	Yes					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b						
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
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?  26  If "Yes," complete Schedule L, Part II		No				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial						

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

33

36

37

38

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

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

Nο

Νo

Nο

Nο

Νo

Nο

Nο

No

Nο

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Yes

Form **990** (2017)

orm	990 (2017)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Fortunation according to the Control of Cont		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 336  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
C	If fes, to line 3a or 3b, did the organization line Form 8000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHIII	990 (2)	517)					Page (
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se		A. Governing Body and Management					
						Yes	No
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	265			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	262			
2		y officer, director, trustee, or key employee have a family relationship or a busines , director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the p	orior F	form 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	ızatıo	n's assets? .	5		No
6	Did the	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the power to	o elec	t or appoint one or more			
_		ers of the governing body?			7a	Yes	
b	persor	y governance decisions of the organization reserved to (or subject to approval by) is other than the governing body?			7b	Yes	
8	Did the the fol	e organization contemporaneously document the meetings held or written actions t lowing	ındert	aken during the year by			
	-	overning body?			8a	Yes	
		ommittee with authority to act on behalf of the governing body?	•		<b>8</b> b	Yes	
	organı	re any officer, director, trustee, or key employee listed in Part VII, Section A, who o zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code		
10-	D. d. 4h.				10-	Yes	No
	If "Yes	e organization have local chapters, branches, or affiliates?			10a 10b		No
44-		ranches to ensure their operations are consistent with the organization's exempt pu	•		100		
	form?	e organization provided a complete copy of this Form 990 to all members of its gov	•	g body before filing the	11a		No
		be in Schedule O the process, if any, used by the organization to review this Form	990		42	V	
		e organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
	conflic				12b	Yes	
	Sched	e organization regularly and consistently monitor and enforce compliance with the pule O how this was done	oolicy •	If "Yes," describe in	12c	Yes	
13		e organization have a written whistleblower policy?	•		13	Yes	
14		e organization have a written document retention and destruction policy?	• . •		14	Yes	
15	persor	e process for determining compensation of the following persons include a review a is, comparability data, and contemporaneous substantiation of the deliberation and					
		ganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b	Yes	
		" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or sin e entity during the year?			16a		No
b	ın join	," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?			4.5%		
<b>C</b> ~		C. Disclosure			16b		
<u> </u>		e States with which a copy of this Form 990 is required to be filed					
		NC , NY					
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available Check all that app		990-T (501(c)(3)s only)			
		wn website   Another's website 🗹 Upon request 🔲 Other (explain in Sci		•			
19		be in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year	umen	ts, conflict of interest			
20	State t	the name, address, and telephone number of the person who possesses the organizations of the person who possesses the organization of the public that t	zation	's books and records			

Part VII

DIRECTOR

DIRECTOR

(17) THOMAS BRODERICK

## 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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	tha pers	n on on is	(C) o not check more ne box, unless both an officer rector/trustee)				(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) AMANDA NELSON	3 00								0	0	
DIRECTOR	3 00	X						0	0	0	
(2) ANITA BAKER DIRECTOR	3 00	х						0	0	0	
(3) ANNE M NORTHUP	3 00										
DIRECTOR	3 00	Х						58,800	0	0	
(4) BARRY C MELANCON PRESIDENT & CEO	3 00 41 00	X		×				0	1,709,940	126,849	
(5) CHRISTOPHER SCHMIDT	3 00										
DIRECTOR	3 00	×						0	0	0	
(6) DAN GRIFFITHS	3 00										
DIRECTOR	3 00	Х						0	0	0	
(7) ERIC L HANSEN	3 00	×		×				0	0	0	
VICE CHAIRMAN	20 00	^						ď	0		
(8) JEFFREY A PORTER DIRECTOR	3 00	×						0	0	0	
(9) KIMBERLY N ELLISON-TAYLOR	3 00										
CHAIRMAN	3 00	Х		Х				14,000	0	0	
(10) MARGERY L PIERCEY	3 00	,						0	0	0	
DIRECTOR	3 00	X							U	0	
(11) MARK PETER BEGICH	3 00	х						58,600	0	0	
DIRECTOR	3 00	l .						30,000	)		
(12) MARY STONE	3 00								0	0	
DIRECTOR	3 00	X						0	0	0	
(13) MELODY FENIKS	3 00										
DIRECTOR	3 00	X						0	0	0	
(14) PAUL CURTH	3 00	V							0	0	
DIRECTOR	3 00	X						0	0	0	
(15) RONALD YATES JR	3 00	х						0	0	0	
DIRECTOR (16) THERESA GRAFENSTINE	3 00 3 00					-					
(16) THERESA GRAFENSTINE	3 00			l	1	I	l				

3 00

Х

0

0

0

PRICEWATERHOUSECOOPERS LLP

compensation from the organization ▶ 16

300 MADISON AVE

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

(A) (B) (C) (D) (F) (F)

Page 8

<b>(A)</b> Name and Title	Name and Title  Average hours per week (list any hours  Average hours per than one box, us both an office director/tr		t cho unle: ficer	ss pers	son	compensa from th organizatio	(D) Reportable compensation from the organization (W- 2/1099-MISC)		e on d	Estim amount comper from	ated of other isation the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/ 1099-14	isc)	(W- 2/1099 MISC)	,-	organiza rela organiz	ted
(18) TIMOTHY CHRISTEN		×		×					0		0		0
IMMEDIATE PAST CHAIR (19) WILLIAM PIROLLI	10 00												
DIRECTOR		×							0		0		0
(20) ANTHONY PUGLIESE	3 00												
TREASURER	41 20			×					0	691	,313		57,361
(21) MICHAEL BUDDENDECK	3 00			l ,					0	F10	956		10.606
SECRETARY	40 00			×			<u> </u>		0	519	,856		48,606
(22) SCOTT SPIEGEL CFO	3 00 40 00			х					0	401,483			46,555
1b Sub-Total	t not limited to anization > 0  er, director or the such individual seater than \$150	rustee, ble com	key of steel and	emp	loye n an comp	e, or h	nighe er co Schee	est compensation dule J for suc	ated er	mployee on   the	3	Yes	279,371  No No
services rendered to the organization $^{\gamma}If^{\gamma}$		Schedu	ile J f	or s	uch	persor	n .		•		5		No
Section B. Independent Contractors		ا ا	lt			4-1-	<b>L</b>		Ll=±	100.000 -5 :			
1 Complete this table for your five highest from the organization Report compensat											npen	sation	
<u> </u>	(A)	•								(B)		(Compar	
ACCOUNT-ABILITY PLUS	ousiness address							CONSU		tion of services		Comper	898,131
7809 SOUTHTOWN CTR BLOOMINGTON, MN 55431													
COHNREZNICK LLP 4 BECKER FARM ROAD								AUDITI	NG				734,964
ROSELAND, NJ 07068 KILPATRICK TOWNSEND & STOCKTON LLP								LEGAL					617,154
4208 SIX FORKS RD RALEIGH, NC 27609													
GIBSON DUNN & CRUTCHER LLP								LEGAL					532,435
200 PARK AVENUE NEW YORK, NY 101660193													
DRICEWATERHOUSECOOPERS LLD								CONST	ITING				487 746

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

487,746

CONSULTING

orm 9			Revenue										Page <b>9</b>
		Check if Schedul	e O contains	a respo	onse or note to any	(A) Total reve		Rela ex- fur	( <b>B)</b> Ited or empt	bı	(C) nrelated usiness evenue	exc tax ur	(D) Revenue luded from inder sections
	1a	Federated campaig	ns	1a				rev	enue				512-514
nts nts		Membership dues		1b	135,938,661								
isa 10u		: Fundraising events		1c									
s. ( An		I Related organizatio		1d	<u> </u> 								
Giff Ilar		Government grants (co		1e	<u> </u>								
ıs.		All other contributions			<u> </u>								
tio er S	•	and similar amounts n	ot included	1f									
혈美	g	Noncash contribution	ons included										
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$											
<u>ۃ ت</u>	_ <u>h</u>	Total.Add lines 1a-1	lf	• •	<del></del>	135,93	8,661						
					Business								
75	_	CONFERENCES				900099		77,662	30,077			+	
Program Service Revenue		PROFESSIONAL DEVELO				900099		71,598	23,980			+	
	_	TECHNICAL PUBLICATION				511130		3,818	12,603				
ુર જે	e	MAGAZINE PUBLICATIO	NS			511120	6,10	00,880	1,554	1,739	4,546,	141	
Jran	f	All other program se	rvice revenue	<u> </u>			5,79	8,614	5,798	3,614			
ξ		Fotal.Add lines 2a-2i			101,3	33,456							
		nvestment income (i			r Interest, and other	T .							
	S	ımılar amounts) .			•	<u> </u>	2,013,935						2,013,935
		ncome from investme					7,086,545				250,250		6,836,295
	5 F	Royalties	(ı) Rea		(II) Personal	1	7,000,545				230,230		0,630,293
	6a	Gross rents	(1) Kea	•	(II) Tersorial	1							
				500,004									
	b	Less rental expenses		500,004									
	c	Rental income or		0		1							
	d	(loss)  Net rental income o	r (loss)			4							
	u	Net rental income o	(i) Securi		(II) Other	1							
	7a	Gross amount	.,			1							
		from sales of assets other	124,:	189,486									
		than inventory				_							
	Ь	Less cost or other basis and	106,9	975,106									
	c	sales expenses Gain or (loss)	17,2	214,380		1							
		Net gain or (loss)		•	<b>•</b>	1 1	7,214,380						17,214,380
		Gross income from f	-			1							
nue		(not including \$ contributions reporte		of									
<u>\$</u>		See Part IV, line 18		. а									
<u>۾</u> ا		Less direct expense											
Other Revenue		Net income or (loss) Gross income from g		_	ents								
ŏ		See Part IV, line 19		163									
				a		1							
		Less direct expense Net income or (loss)		b									
		Gross sales of invent		activit	iles •	1							
		returns and allowand		_	]								
	h	Less cost of goods s	rold	a b		-							
		Net income or (loss)				J							
		Miscellaneous			Business Code								
	11:	<b>a</b> OTHER			900099	9	1,870,168		584,926				1,285,242
	b	AFFINITY PROGRAM	S -		900003	3	1,056,120						1,056,120
	С	ADMIN FEE FROM IN	ISURANCE TR	UST	900099	)	300,000				300,000		
		All other revenue .											
		Total. Add lines 11a			▶								
		Total revenue. See					3,226,288						
					· •	26	6,813,265		97,372,241		5,096,391		28,405,972

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other ergs	anizations must som	ploto column (A)	
Check if Schedule O contains a response or note to any	_		piete column (A)	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,265,369			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	36,655			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	140,723			
<b>4</b> Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,400			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-2,310,518			
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	2,118,789			
c Accounting	399,922			
	666,994			
e Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	390,779			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	165,508,413			
12 Advertising and promotion	3,026,458			
13 Office expenses	5,226,708			
<b>14</b> Information technology	10,113,732			
15 Royalties	1,706,496			

8,481,928

4,251,657

21,277,821

164,625

6,850,948

1,315,917

15,292,577

3,724,646

1,549,439

136,046

1,809,276 253,276,800

Form 990 (2017)

defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$		
7 Other salaries and wages		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-2,310,518	

16 Occupancy .

23 Insurance . . .

c PUBLICATIONS

e All other expenses

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

**20** Interest . . . . . . . 21 Payments to affiliates . . . .

expenses on Schedule O )

**b** PROFESSIONAL DEVELOPMEN

d UNRELATED BUSINESS INCO

a SALES COMMISSIONS

**17** Travel .

31

32

33

34

Net

Page **11** 

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

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	236,047
2	Savings and temporary cash investments	17,412,174	2	21,039,690

Pledges and grants receivable, net . . 3 19,241,695 4 13,940,500 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . .

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . 5.386.917 Inventories for sale or use . 652.044 8 921,744

16,769,761 9 16.832.044 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 44,088,035 10a basis Complete Part VI of Schedule D 31,085,108 17.238.754 10c 13,002,927 b Less accumulated depreciation 10b

93.069.460 11 Investments—publicly traded securities . 11 101.988.521 6.601.875 10.717.661 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets . . . . . 123,238 15 15 -179.984 Other assets See Part IV, line 11 . . . . .

176,495,918 178,499,150 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 36,419,841 17 36,193,029 18 Grants payable . . . 18

19 83,458,934 19 86,304,028 Deferred revenue . . . Tax-exempt bond liabilities . . . . . . 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 1.675.814 21 1,311,543

22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22

Liabilities 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 40.711.642 25 25

31.599.019 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 162,266,231 26 Total liabilities. Add lines 17 through 25 . 26 155,407,619

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 14,229,687 27 27 23.091.531 Unrestricted net assets

28 28 Temporarily restricted net assets

Fund Balances 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds . . . . 30

31

32

33

34

23,091,531

178.499.150

Form **990** (2017)

14,229,687

176.495.918

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Page **12** 

Nο

No

Form 990 (2017)

2a

2b

2c

3b

Yes

Yes

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Separate basis

2	Total expenses (must equal Part IX, column (A), line 25)	2	253,276,800
3	Revenue less expenses Subtract line 2 from line 1	3	13,536,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,229,687
5	Net unrealized gains (losses) on investments	5	-4,674,621
6	Donated services and use of facilities	6	

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

23,091,531 **Financial Statements and Reporting ~** Check if Schedule O contains a response or note to any line in this Part XII . . .

Part XII Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Consolidated basis

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

✓ Consolidated basis

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

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

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### Additional Data

Software ID: Software Version:

**EIN:** 13-0432265

Form 990 (2017)

Form 990, Part III, Line 4a:

SERVICES

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

MEMBERSHIP SERVICES APPROXIMATELY 430,000 VOTING MEMBERS HAVE ACCESS TO A VARIETY OF MEMBERSHIP PRODUCTS & SERVICES, SUCH AS EDUCATIONAL

### Form 990, Part III, Line 4b: UNIFORM CPA EXAMINATIONS TOTAL NUMBER OF EXAM SECTIONS GRADED - APPROXIMATELY 235,000

CONTINUING PROFESSIONAL EDUCATION COURSES AND CONFERENCES, GAVE GROUP STUDY CPE PRESENTATIONS WITH NUMEROUS CPE INDIVIDUAL STUDY COURSES

Form 990, Part III, Line 4c:

AND CONFERENCES FOR MEMBERS

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

DLN: 93493319066558

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

EZ)

(Form 990 or 990-

▶ 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.

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

Inspection

f the	Section 501(c)(3) organizations that	e Part I-A only n <b>Form 990, Part IV, Line 4, or Form 9</b> : have filed Form 5768 (election under s : have NOT filed Form 5768 (election ur	ection 501(h)) Co	emplete Part II-A Do not c	omplete Part II-B
Pro	e organization answered "Yes" or ky Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz		() (see separate i	nstructions) or Form 990	0-EZ, Part V, line 35c
AME	ne of the organization RICAN INSTITUTE OF CERTIFIED PUBLIC	· :		Employer ide	ntification number
	OUNTANTS			13-0432265	
		nization is exempt under section			
1	Provide a description of the organ "political campaign activities")	ızatıon's dırect and ındırect political can	npaign activities ir	Part IV (see instructions	for definition of
2	Political campaign activity expend	,		•	\$
3	Volunteer hours for political camp				
		nization is exempt under section			
1	,	ix incurred by the organization under se		<b>▶</b>	\$
2	•	ix incurred by organization managers u		•	\$
3	_	cion 4955 tax, did it file Form 4720 for t	inis year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV		- F01/a\ a		,
		nization is exempt under section			).
1 2		ed by the filing organization for section anization's funds contributed to other o	•		\$
2	function activities	anización s funds contributed to other o	rganizations for se	ection 527 exempt ►	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund: olitical organization, such	s Also enter the amount
	(a) Name	( <b>b)</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					
2					
3					
4					
5					
6					
or P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

activity

1

2a

Part III-B

Part IV

(b)

Amount

Yes

1

2

4 5

Schedule C (Form 990 or 990EZ) 2017

No

No

No

No

-371,166

(a)

No

Yes

### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i

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

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

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

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

answered "Yes."

expenditure next year?

Return Reference

#### Dues, assessments and similar amounts from members 127,011,374 1 1 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). 2a 4,709,289 Current year 2b Carryover from last year С Total 2c 4,709,289 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 5,080,455

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

Explanation

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

## **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.

DLN: 93493319066558 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN INSTITUTE OF CERTIFIED PUBLIC **ACCOUNTANTS** 13-0432265 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) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Col	lections of Art, F	listori	ical T	reas	ures, or	Other	Similar A	ssets (	(continued)	
3		g the organization's acquisition, accession s (check all that apply)	n, and other records,	check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection	
а		Public exhibition		d		Loar	or excha	ange prog	rams			
b		Scholarly research		e		Othe	er					
С		Preservation for future generations										
4	Provi Part	de a description of the organization's col XIII	lections and explain	how the	ey furtl	her th	e organız	atıon's ex	empt purpo	ose in		
5		ng the year, did the organization solicit ones to be sold to raise funds rather than to							ılar	□ Y	es 🗆 I	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	), Part	IV, I	ine 9, or	reporte	d an amo	unt on	Form 990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	ıary for	contri	butior	ns or othe	er assets i	not	□ <b>Y</b>	es 🗹 I	No
b	If "Y	es," explain the arrangement in Part XIII	and complete the fo	llowing	table		[		-	mount		_
С	Begir	nning balance	·	-			İ	1c				_
d	Addıt	ions during the year					Ī	1d				_
е	Dıstr	ibutions during the year					Ī	1e				_
f	Endır	ng balance					Ī	1f				_
2a	Dıd t	- he organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cu	ustodial a	ccount lia	ıbılıty?	✓ Y	es 🗆 l	— Jo
b	76 "V.	" combain the course contain Deat VIII	Charle have a fallence					J D	, /			10
	irt V	es," explain the arrangement in Part XIII  Endowment Funds. Complete if									🖳	
FG	IICV	Endowment Funds. Complete in	(a)Current year		rior yea			ears back	(d)Three ye		(e)Four yea	are hack
1a	Beainr	ning of year balance	(a)current yeur	(0)	nor yea	<u> </u>	(c) mo y	Sura Buck	(d) Times ye	ars back	(C) our yea	113 Buck
	_	butions										
		vestment earnings, gains, and losses										
		or scholarships										
	Other	expenditures for facilities										
f		istrative expenses										
		year balance										
2		de the estimated percentage of the curre	hat year and balance	/line 1	a solu		)) hold a					
² a		de the estimated percentage of the curre d designated or quasi-endowment <b>&gt;</b>	ent year end balance	(mie ri	g, colu	IIIII (a	i)) Held a	5				
b		anent endowment ►										
c	Temp	porarily restricted endowment ►										
		percentages on lines 2a, 2b, and 2c shou	ld equal 100%									
За		here endowment funds not in the posses	sion of the organizat	on tha	t are h	eld ar	nd admini	stered for	r the			
	-	nization by									Yes	No
		nrelated organizations			•		• •				a(i) a(ii)	<del>                                     </del>
b		elated organizations	s listed as required o	n Sche	· · ·	?	• •				3b	<del>                                     </del>
4		ribe in Part XIII the intended uses of the	•			•	•			· L		
Pa	rt VI	Land, Buildings, and Equipmer										
		Complete if the organization answ		m 990	), Part	IV, ا	ıne 11a.	See For	m 990, Pa	art X, lı	ne 10.	
	Descr	iption of property (a) Cost or oth (investme		or other	basıs (	other)	(c) Acci	umulated d	epreciation		(d) Book val	ne
1a	Land											
b	Buildir	ngs			3,3	32,801			151,727			3,181,074
С	Leasel	nold improvements			19,7	13,744			12,531,841			7,181,903
d	Equipr	nent			21,0	41,490			18,401,540			2,639,950
	Other						1					
Tota	al. Add	lines 1a through 1e (Column (d) must ed	qual Form 990, Part .	X, colui	mn (B)	, line	10(c))		<b>&gt;</b>		1	3,002,927

Part VII Investments—Other Securities. Complete if th	ne organizatio	n answered "Yes" or	Form 990, Part IV, line 1	.1b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b) Book va	alue	(c) Method of valuation t or end-of-year market value	
(1) Financial derivatives		Cos	t or end-or-year market value	<u> </u>
(2) Closely-held equity interests				
(A) GLOBAL EQUITY LONG-ONLY FUND LP	10,5	16,761	F	
(B) INVESTMENT IN PORTAL (C)	20	00,900	F	
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	10,7:	17,661		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	Form 990. Par	t IV. line 11c. See Fo	orm 990. Part X. line 13.	
(a) Description of investment	<b>(b)</b> Book	value	(c) Method of valuation	
(1)		Cos	t or end-of-year market value	=
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. Complete if the organization answered	d 'Yes' on Form	990, Part IV, line 11d		
(1) (a) Description	n		<b>(b)</b> Boo	ok value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization a	nswered '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. (a) Description of liability  (1) Federal income taxes		10,794		
DEFERRED EMPLOYEE BENEFITS		16,203,489		
DEFERRED RENT		11,853,132		
COMPENSATED ABSENCE		3,531,604		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	31,599,019		
2. Liability for uncertain tax positions In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7		_		

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		<b>2</b> c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С					4c	
5		Ic. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro <sup>,</sup> XI,	vide the descriptions required for Pi lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any a	IV, lines 1b and 2b, Part dditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	planation		
See A	Addıtıonal Data Table					

Page <b>5</b>		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

## Additional Data

Software ID: Software Version:

**EIN:** 13-0432265

AMERICAN INSTITUTE OF CERTIFIED PUBLIC Name:

**ACCOUNTANTS** 

# **Supplemental Information**

Return Reference

Explanation

PART IV, LINE 2B

THE AICPA HANDLES THE ACCOUNTING FOR COSO AND FED LEGISLATIVE TASK FORCE FUND. THESE FUNDS ARE HELD AS LIABILITIES ON THE AICPA'S BOOKS

Supplemental Information								
Return Reference	Explanation							
PART X, LINE 2	THE INSTITUTE HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVIC E AS WELL AS ANYOTHER JURISDICTIONS WHERE IT OPERATES THE INSTITUTE DOES NOT ANTICIPATE A NY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANC IAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS THE INSTITUTE'S US FEDERAL INCOME TA X RETURNS PRIOR TO FISCAL YEAR 2014 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRI NG STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHO RITATIVE RULINGS AS OF DECEMBER 31, 2017, THE INSTITUTE DID NOT RECOGNIZE ANY INTEREST AN D PENALTIES ASSOCIATED WITH TAX MATTERS							

enie GRAPHIC prin	t - DO NOT I	PROCESS A	As Filed Data	-		DLN:	934933190		
SCHEDULE F	State	ement of A	Activities	tates	OMB No 1545-0047				
(Form 990)	► Compl	lete if the organiz	2017						
Department of the Treasury Internal Revenue Service	▶ Informa	ntion about Sched		to Form 990. and its instructions is at <i>wi</i>	vw.irs.gov,	/form990.	Open to Public Inspection		
Name of the organization						Employer ider	ntification num	ber	
AMERICAN INSTITUTE OF ACCOUNTANTS	F CERTIFIED PU	JBLIC				13-0432265			
	Information , Part IV, line		Outside the U	<b>Jnited States.</b> Comple	te if the	organization a	inswered "Yes	" to	
_	the grantees'	eligibility for th		substantiate the amoun stance, and the selection	_		☐ Yes	✓ No	
2 For grantmaker outside the Unite		Part V the orga	inization's proce	edures for monitoring the	use of it	s grants and ot	her assistance		
3 Activites per Regio	n (The followin	ng Part I, line 3 t	able can be dupl	icated if additional space is	needed )				
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expe for and inves in regio	tments	
( 1) EUROPE (INCLUDIN GREENLAND)	IG ICELAND &	0	0	BOARD MEETING					
( 2)									
( 3)									
(4)									
( 5)									
3a Sub-total b Total from continua Part I	tion sheets to	0	C					(	
	a and 3b)	0	1						

Page 2

appraisal, other)

0. gaa.a.a	and EIN (if		j		disbursement	assistance	assistance
	applicable)				dispursement	assistance	assistance
(1)		UNITED KINGDOM	CONTRIBUTION	21,973			

(2) 100,000 UNITED KINGDOM CONTRIBUTION

Schedule F (Form 990) 2017

(3) CHINA CONTRIBUTION 15,000 (4)

4)									
-,									
Enter total number of recipions organizations listed above that are recognized as charities by the foreign country, recognized as tax-									

•,										
Enter total number	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-									

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . . .

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part III can be	duplicated if addition	<u>onal space is r</u>	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	□Yes	<b>☑</b> No

Schedule F (Form 990) 2017						
Part V  Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).						
Return Reference	Explanation					
PART I, LINE 2	THE ORGANIZATION PAID A MEMBERSHIP FEE TO A RELATED PROFESSIONAL ORGANIZATION					

Return Reference	Explanation
HEDULE F, PART IV, LINE 5	THE ASSOCIATION HAS ATTACHED FORM 5471 AND 8865 TO THE 990T

SCH

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493319066558 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** AMERICAN INSTITUTE OF CERTIFIED PUBLIC 13-0432265 ACCOUNTANTS Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 15 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page <b>2</b>				
		Domestic Individuational space is needed	als. Complete if the org	ganization answered "Yes	on Form 990, Part IV, line 22					
(a) Type of grant or as		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplement	tal Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.				
Return Reference	Explanati	Explanation								
SCHEDULE I, PART LINE 2	THE INSTITUTE VERIFIES THAT THE GRANT RECIPIENTS HAVE THE APPROPRIATE SKILLS AND MANAGEMENT TO ESTABLISH THE AGREED UPON PROGRAMS AND ARE COMPLIANT WITH THEIR EXEMPT PURPOSES THESE RESEARCH GRANTS/STIPENDS ARE GIVEN AFTER THE WORK HAS BEEN COMPLETED									

Schedule I (Form 990) 2017

## **Additional Data**

ALPFA

SUITE 650

801 SOUTH GRAND AVENUE

LOS ANGELES, CA 90017

# Software ID: **Software Version:**

86-1118036

**EIN:** 13-0432265

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC

ACCOUNTANTS

(g) Description of

(h) Purpose of grant

CONVENTION

SPONSORSHIP

Form 990,Schedule 1, Part	11, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	c Governments.
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation

501(C)(3)

organization or government		ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
AICPA FOUNDATION 220 LEIGH FARM ROAD DURHAM, NC 27707	13-6169602	501(C)(3)	30,000				CONTRIBUTION

35,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance AMERICAN SCHOOL 51-0237968 E01/C1/31 10 000 CONFERENCE ORSHIP

SPONSORSHIP

COUNSELOR ASSOCIATION 1101 KING STREET NO 310 ALEXANDRIA, VA 22314	31 023/300	301(0)(3)	10,000		SPONSORSHIP
ASCEND	51-0527847	501(C)(6)	20,000		CONVENTION

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

NEW YORK, NY 10005

120 WALL STREET 3RD FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 31-1392085 501(C)(3) 12.357 SPONSORSHIP BUSINESS PROFESSIONALS OF

AMERICA 5454 BLEVELAND AVE COLUMBUS, OH 43231					
COLUMBIA LAW SCHOOL	13-6161436	501(C)(3)	10,000		CO-SPONSORSHIP

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

435 W 116TH ST NEW YORK, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(6) 20.000 CO-SPONSORSHIP COUNCIL OF INSTITUTIONAL 52-1380217

501(C)(3)

7.790

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

501(C)(3)

INVESTORS	
888 17TH ST NW STE 500	
WASHINGTON, DC 20006	
FBLA-PBL INC	Γ

1912 ASSOCIATION DRIVE RESTON, VA 201911591

23-7254290

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0199180 501(C)(3) 22.000 HARVARD UNIVERSITY CO-SPONSORSHIP

1033 MASSACHUSETTS AVE STF 3 CAMBRIDGE, MA 02138 31-1773795 501(C)(6) 105.000 CO-SPONSORSHIP

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

INTERNET SECURITY ALLIANCE 2500 WILSON BLVD

ARLINGTON, VA 22201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2427596 501(C)(3) 50.000 JUDICIAL COLLEGE CONTRIBUTION 1664 N VIRGINIA ST MSC 35B RENO, NV 89557

1664 N VIRGINIA ST MSC 35B
RENO, NV 89557

MARYLAND ASSOCIATION OF 52-0702331 501(C)(6) 7,350

CPA 901 DULANEY VALLEY RD

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

TOWSON, MD 21204

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7097490 501(C)(3) 90.000 SPONSORSHIP NABA - NATIONAL ASSOCIATION OF BLACK

ACCOUNTANTS INC 7249 A HANOVER PARKWAY GREENBELT, MD 20770					
NATIONAL ACADEMY	13-3480246	501(C)(3)	25,000		NAF SPON

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

NEW YORK, NY 10018

DNSORSHIP FOUNDATION 218 W 40TH ST 5TH FL

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-2314113 501(C)(3) 159.545 CO-SPONSORSHIP NATIONAL ASSOCIATION OF CORPORATE DIRECTORS

ARLINGTON, VA 22201					
NATIONAL PRESS FOUNDATION 1211 CONNECTICUT AVE NW SUITE 310	52-1069481	501(C)(3)	6,000		CO-SPONSORSHIP

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

WASHINGTON, DC 20036

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7265144 501(C)(6) 50.000 MEMBERSHIP PROFESSIONAL SERVICES ALLIANCE 515 KING STREET SUITE 300 52-2213646 501(C)(3) 25.000 CONTRIBUTION SECURITIES AND EXCHANGE HISTORICAL SOCIETY 1101 PENNSYLVANIA AVE NW

ALEXANDRIA, VA 22314 EVENING

STAR BLDG

WASHINGTON, DC 20004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 11-3233358 501(C)(6) 8.000 CONTRIBUTION TEACHERS OF ACCOUNTING AT TWO YEAR COLLEGE

MEMBERSHIP DUES

250,000

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

501(C)(6)

5401 W 20TH STREET PO BOX 69
GREELY, CO 80632
USCHAMBER OF COMMERCE

1615 E CHAPEL HILL STREET WASHINGTON, DC 20009

53-0045720

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 51-6000297 501(C)(3) 10.000 UNIVERSITY OF DELAWARE CONTRIBUTION 210 S COLLEGE AVE NEWARK, DE 19716 WOMEN'S CORPORATE 46-0910287 501(C)(3) 25,000 CO-SPONSORSHIP DIRECTORS EDUCATION AND DEVELOPMENT FOUNDATION INC

1645 PALM BEACH LAKES BLVD STE 150

WEST PALM BEACH, FL 33401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 10.000 XBRL INTERNATIONAL CONTRIBUTION 100 WALNUT AVE STE 103

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

WASHINGTON, DC 20036

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19331	9066	558
Sch	edule J	Co	mpensati	ion Information	40	1B No	1545-0	0047
(Form 990)  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line ▶ Attach to Form 990.			, line 23.		17			
•	tment of the Treasury al Revenue Service	▶ Information abo		l (Form 990) and its instructions i .gov/form990.	is at		to Pul	
Nar	ne of the organiz	i ation DF CERTIFIED PUBLIC			Employer identificat			
ACC	OUNTANTS				13-0432265			
Pa	rt I Questi	ons Regarding Compensati	ion					
1a				f the following to or for a person liste by relevant information regarding thes			Yes	No_
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of person				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	nary spending account	ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all	4.3	2		
	directors, truste	es, officers, including the CEO/Ex	ecutive Directo	r, regarding the items checked in line	e la/			
3	organization's C	EO/Executive Director Check all	that apply Dor	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment?			4a		No
b		r receive payment from, a supple		lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	: III			
		), 501(c)(4), and 501(c)(29)	_	-				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixed ort III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For I	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	1990)	2017

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 same of columns (D)() (a) for each lated and advantage and the total and advantage and adv

Note. The sum of colum	Do no ins (B	t list any individuals that (۱)(۱)-(۱۱۱) for each listed in	at are not listed on Form 99 ndividual must equal the to	30, Part VII otal amount of Form 990	, Part VII, Section A, line	1a, applicable column (C	ر) and (E) amounts for th	at ındıvıdual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive (iii) Other compensation reportable compensation			(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 BARRY C MELANCON PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,386,855	284,375	38,710	115,641	31,837	1,857,418	100,000
2 ANTHONY PUGLIESE TREASURER	(i)		0	0	0	0	0	0
	(ii)	617,132	53,700	20,481	38,383	29,924	759,620	0
3 MICHAEL BUDDENDECK SECRETARY	(i)		0	0	0	0	0	0
	(ii)	468,792	15,600	35,464	31,028	26,194	577,078	0
4 SCOTT SPIEGEL CFO	(i)		0	0	0	0	0	0
	(ii)	368,902	12,100	20,481	27,577	26,722	455,782	0
J							'	
<u> </u>								
	T_!							
			1					
1	+		1	′	'		1	

Schedule J (Form 990) 2017 Page 3 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

Schedule 1 (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319066558 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 2017 (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Internal Revenue Service | Name of the organization Employer identification number AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS 13-0432265 990 Schedule O, Supplemental Information Return **Explanation** Reference PERSONS MAY QUALIFY FOR ADMISSION AS MEMBERS OF THE INSTITUTE IF THEY SATISFY THE FOLLOWIN FORM 990. PART VI. G CRITERIA - THEY ARE IN POSSESSION OF A VALID AND UNREVOKED CERTIFIED PUBLIC ACCOUNTANT SECTION A. CERTIFICATE ISSUED BY A LEGALLY CONSTITUTED AUTHORITY, OR AT ANY TIME POSSESSED THE CERTIF LINE 6 ICATE DESCRIBED HEREIN AND THE CERTIFICATE WAS NOT REVOKED AS A RESULT OF A DISCIPLINARY A CTION, OR MEET THE EDUCATION, EXAMINATION AND EXPERIENCE REQUIREMENTS SET OUT IN THE UNIFO RM ACCOUNTANCY ACT AND WHO ARE OF GOOD MORAL CHARACTER AND HAVE NEVER BEEN GRANTED A RIGHT TO PRACTICE. - THEY HAVE PASSED AN EXAMINATION IN ACCOUNTING AND OTHER RELATED SUBJECTS S ATISFACTORY TO THE BOARD OF DIRECTORS, AND - WITH RESPECT TO THOSE PERSONS WHO ARE ENGAGED IN THE PRACTICE OF PUBLIC ACCOUNTING AS AN OWNER OR AS AN EMPLOYEE WHO HAS BEEN LICENSED AS A CPA FOR MORE THAN TWO YEARS, EITHER THEY ARE PRACTICING IN A FIRM THAT IS ENROLLED IN AN INSTITUTE-APPROVED PRACTICE-MONITORING PROGRAM IF THE SERVICES PERFORMED BY SUCH A FIR M ARE WITHIN THE SCOPE OF THE AICPA'S PRACTICE-MONITORING STANDARDS AND THE FIRM ISSUES RE PORTS PURPORTING TO BE IN ACCORDANCE WITH AICPA PROFESSIONAL STANDARDS, OR IF AUTHORIZED B Y COUNCIL. ARE THEMSELVES ENROLLED IN SUCH A PROGRAM WITH RESPECT TO PERSONS WHO FIRST BE COME ELIGIBLE TO TAKE THE CPA EXAMINATION AFTER THE YEAR 2012. THEY SHALL HAVE OBTAINED 15 0 SEMESTER HOURS OF EDUCATION AT AN ACCREDITED COLLEGE OR UNIVERSITY INCLUDING A BACHELOR' S DEGREE OR ITS EQUIVALENT AFTER 2012. A PERSON WHO DOES NOT MEET THE EDUCATIONAL REQUIRE MENT MAY, NONETHELESS, BE ELIGIBLE FOR MEMBERSHIP UPON ENACTMENT (REGARDLESS OF THE EFFECT IVE DATE) OF THE EDUCATION REQUIREMENT SET OUT IN THIS SECTION BY THE STATE WHICH GRANTS T HE CERTIFICATE

Return Reference	Explanation
FORM 990,	PER THE AICPA BYLAWS, THERE SHALL BE AT LEAST ONE MEMBER OF COUNCIL DIRECTLY ELECTED BY TH
PART VI,	E MEMBERS OF THE INSTITUTE IN EACH STATE HAVING ONE OR MORE PERSONS ON THE MEMBERSHIP LIST
SECTION A,	S OF THE INSTITUTE THE TOTAL NUMBER OF DIRECTLY ELECTED MEMBERS OF COUNCIL SHALL BE EIGHT
LINE 7A	Y-FIVE THE NUMBER OF SEATS SHALL BE EQUITABLY ALLOCATED AMONG THE STATES IN DIRECT PROPOR
	TION TO THE NUMBER OF INSTITUTE MEMBERS ENROLLED FROM EACH STATE

Return

Reference	
FORM 990,	THE BOARD OF DIRECTORS SHALL ACT AS THE EXECUTIVE COMMITTEE OF COUNCIL BETWEEN MEETINGS OF
PART VI,	COUNCIL, SHALL CONTROL AND MANAGE THE PROPERTY, BUSINESS, AND ACTIVITIES OF THE INSTITUTE
SECTION A,	, AND SHALL TAKE WHATEVER ACTION IT DEEMS DESIRABLE INCLUDING THE ESTABLISHMENT OF POLICIE
LINE 7B	S FOR THE CONDUCT OF THE AFFAIRS OF THE INSTITUTE CONSISTENT WITH THE PROVISIONS OF THESE
	BYLAWS, RESOLUTIONS OF THE MEMBERSHIP, OR ACTIONS OF THE COUNCIL AMENDMENTS TO THE BYLAWS
	AUTHORIZED BY THE COUNCIL SHALL BE SUBMITTED TO ALL OF THE MEMBERS OF THE INSTITUTE FOR A
	VOTE BY MAIL BALLOT, NO LATER THAN 180 DAYS FOLLOWING DISCUSSION OR AUTHORIZATION BY THE

**Explanation** 

VOTE BY MAIL BALLOT, NO LATER THAN 180 DAYS FOLLOWING DISCUSSION OR AUTHORIZATION BY THE COUNCIL IF AT LEAST TWO-THIRDS OF THOSE VOTING APPROVE SUCH PROPOSAL, IT SHALL BECOME EFF ECTIVE AS AN AMENDMENT TO THE BYLAWS MAIL BALLOTS SHALL BE CONSIDERED VALID AND COUNTED O NLY IF RECEIVED AS INSTRUCTED BY THE INSTITUTE FOR THE RETURN OF SUCH VOTES WITHIN SIXTY D AYS FROM THE DATE OF MAILING THE BALLOTS TO THE MEMBERS

Return Doforonco

Reference	
FORM 990, PART VI, SECTION B, LINE 11B	THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS ENGAGES AN INDEPENDENT CPA TAX PROF ESSIONAL TO PREPARE THE FORM 990 BOARD MEMBERS GENERALLY FEEL THAT THIS IS THE APPROPRIAT E FIDUCIARY PROCESS THE BOARD OR AUDIT COMMITTEE'S ROLE IS TO EVALUATE THE PERSON(S) OR F IRM HIRED TO PREPARE THE TAX RETURN AND TO DETERMINE THAT IT IS APPROPRIATELY FILED THE I NSTITUTE HAS TAKEN THESE STEPS WITH THE AUDIT COMMITTEE A REVIEW OF THE FINAL VERSION OF THE FORM 990 WAS ALSO PERFORMED BY THE AUDIT COMMITTEE CHAIRMAN AND BOARD CHAIRMAN, AS WEL
	L AS, MEMBERS OF THE AICPA'S FINANCE MANAGEMENT TEAM

FEEL THAT THIS IS THE APPROPRIAT O EVALUATE THE PERSON(S) OR F IS APPROPRIATELY FILED. THE I EVIEW OF THE FINAL VERSION OF

Explanation

Return Explanation
Reference

FORM 990, THE INSTITUTE MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY SUCH ACTIONS AS A REVIEW OF HIRED CONSULTANTS TO DETERMINE IF INDEPENDENCE DOES EXIST AND AN ENVIRONMENTAL SCAN OF SECTION B, BUSINESS NEWS TO ENSURE THAT NO CONFLICTS EXIST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AICPA EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF THE BOARD CHAIR, PAST CHAIR, CHAIR OF FINANCE, VICE CHAIR AND ONE OTHER BOARD MEMBER, REVIEW ALL MATTERS OF COMPENSATION REL ATIVE TO THE INSTITUTE'S PRESIDENT AND KEY OFFICERS THE COMMITTEE'S ROLES AND RESPONSIBIL ITIES INCLUDE, 1) ENSURING THAT THE INSTITUTE'S EMPLOYEE COMPENSATION AND PAY PRACTICES AR E CONSISTENT WITH INSTITUTE VALUES AND COMPETITIVE PRACTICES IN THE MARKETPLACE, 2) ESTABL ISHING AND ANNUALLY REVIEWING THE COMPENSATION OF THE INSTITUTE'S PRESIDENT AND KEY OFFICE RS (INCLUDING A REVIEW OF THE CASH COMPENSATION, BENEFITS, PERQUISITES AND CONDITIONS OF E MPLOYMENT) 3) PERIODICALLY REVIEWING THE EMPLOYEES' BENEFITS WITH REGARD TO COSTS AND LIA BILITIES AND 4)REVIEWING THE ACTIVITIES ANALYSES PREPARED BY THE AICPA'S EXTERNAL COMPENSA TION CONSULTANT

Return Explanation
Reference

LINE 19

FORM 990, THE INSTITUTE'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS PART VI, ARE AVAILABLE TO THE PUBLIC ON THE INSTITUTE'S WEB SITE WWW AICPA ORG
SECTION C,

Return Explanation
Reference

FORM 990,	THE AICPA HAS AN ENHANCED CODE OF CONDUCT THAT PROVIDES SEVERAL OPTIONS FOR EMPLOYEES TO R
PART VI,	AISE CONCERNS, INCLUDING THE OPTION OF RAISING A CONCERN ANONYMOUSLY WITHOUT THE FEAR OF R
SECTION B,	ETALIATION A WHISTLEBLOWER HOTLINE ALLOWS FOR ANONYMOUS, CONFIDENTIAL REPORTING OF WRONGD
LINE 13	OING IN THE WORKPLACE

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	AUDIT OF THE FUTURE 170,000 BENEFIT CONSULTING/HUMAN RESOURCES 147,466 BRANDING 1,315,05 8 BUSINESS INTELLIGENCE CONSULTING 62,500 CGMA 188,212 CGMA DIRECT ACCESS DEVELOPMENT 7 75,283 COACHING 189,648 EXAM COMPUTER CONSULTING 4,086,434 CONTENT MANAGEMENT/DEVELOPME NT 30,712 CREATIVE SERVICES/GRAPHIC DESIGN 257,574 ENHANCING AUDIT QUALITY 226,712 EXAM DEVELOPMENT & DELIVERY 5,648,998 G400 VISITS 166,302 HONORARIUMS/ARTICLES/SPEAKER FEES 714,163 INSURANCE 116,694 INTERNAL AUDIT 39,973 INTERNATIONAL EXAM RESEARCH 162,178 LO BBYING/CONGRESSIONAL AFFAIRS 480,898 MARKETING 263,499 MEDIA RELATIONS/TRAINING 82,538 MISCELLANEOUS 351,227 PEER REVIEW/ENHANCED OVERSIGHT 256,269 PRESS RELATIONS AND PUBLICI TY 78,983 SOFTWARE 18,000 WEBSITE SUPPORT 148,133 RESEARCH 68,348 PCPS NATIONAL OFFICE 260,766 PCPS PUBLICATIONS 82,264 SURVEYS 328,431 COMMUNICATIONS 285,853 AUDIT COMMITT EE PROJECTS 119,860 STAKEHOLDER RELATIONS 6,374 TALENT INITIATIVE - CAQ 269,298 COMMITT EE STIPEND 270,271 CYBERSECURITY 14,400 ANTI FRAUD CONSULTING SERVICES 27,667 COMMERCIA L SERVICES 4,182,828 FULFILLMENT/STORAGE 367,996 VIDEO PRODUCTION 400,232 TRADE SHOW EX PENSES 337,365 ACCOUNTING ASSOCIATION PROGRAM SERVICES 142,122,684 AUDIT STANDARDS BOARD 157,939 CONFERENCE CONSULTING 78,383 ETHICS COMMITTEE 150,000

Return Explanation
Reference

FORM 990, PART XII
LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

AMERICAN INSTITUTE OF CERTIFIED PUBLIC

Internal Revenue Service Name of the organization

ACCOUNTANTS

#### **Related Organizations and Unrelated Partnerships**

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

Open to Public

Inspection **Employer identification number** 

2017

DLN: 93493319066558 OMB No 1545-0047

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

ACCOUNTANTS					13-0432265			
Part I Identification of Disregarded Entities Complete if the	e organization answe	ered "Yes" on Forr	n 990, F	Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile or foreign coi	(state untry)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity	]	
(1) AICPA GLOBAL ENTERPRISES II LLC 220 LEIGH FARM ROAD DURHAM, NC 27707	INVESTMENT	DE		0	0			_
(2) AICPA GLOBAL ENTERPRISES III LLC 220 LEIGH FARM ROAD DURHAM, NC 27707	INVESTMENT	DE		0	0			
(3) AICPA GLOBAL ENTERPRISES LLC 220 LEIGH FARM ROAD DURHAM, NC 27707	INVESTMENT	DE		0	0			_
(4) NORTHSTAR CONFERENCES LLC 220 LEIGH FARM ROAD DURHAM, NC 27707 06-1623588	CONFERENCES	DE				N/A		
								_
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	inization answere	d "Yes"	on Form 990,	Part IV, line 34 b	ecause it had one or	more	
See Additional Data Table (a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Exemp	(d) ot Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) cor enti	512(b) ntrolled
For Paperwork Reduction Act Notice, see the Instructions for Form 990	).	Cat No 501	L35Y			Schedule R (Form	990) 20	17

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predom Income(re unrelal excluded tax un sections	inant elated, ted, I from der 512-	(f) Share of total incom	Share of end-of-year assets	Disprop alloca	itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k) Percen owner	ntage
		MANAGE	DE	N/A	ROYALTIE		3,633	768	Yes	No No		Yes Yes	No		000 %
.1) SHARED SERVICES LLC 220 LEIGH FARM ROAD DURHAM, NC 27707 .3-4138330		SHARED SERVICES BETWEEN AICPA AND STATE SOCIETIES		IV A	KOTALTIL		3,032	700		INO		res		50 0	100 %
Part IV Identification of Related Or because it had one or more re							zation an	swered "Ye	s" on	Form	990, Part I\	/, lın	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	( Le don (state o	c) gal nicile or foreign ntry)		(d) et controlling entity	Type (C cor	(e) of entity p, S corp, trust)	<b>(f)</b> Share of total Income	Sha	(g) re of end year assets	d-of- Per-	(h) centag nership		Section (13) cor entit	512(b ntrolle
(1)CPA2BIZ INC 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	INTERNET PORTAL MARKETING				N/A C			3,882,27	73 18,2		2,826 77 4	480 %		Yes	
22-3731549															
														i l	l

(1)CPA2BIZ INC

(2)CPA2BIZ INC

(3)AICPA FDN

(4)AICPA FDN

(5) INST FOR ACCT PROF IN THE AMERICAS

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . . .

Reimbursement paid by related organization(s) for expenses . . .

Performance of services or membership or fundraising solicitations for related organization(s) . . . . . . . . . . . .

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

(b)

Transaction type (a-s)

М

В

Ν

R

(c)

Amount involved

2,108,934

15,344,740

30,000

205.827

FMV

FMV

FMV

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . .

Name of related organization

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

Exchange of assets with related organization(s). .

No

No

No No

No

No

No

No No

No

Yes

1f

1j

1k

11 Yes 1m Yes

1n Yes

10 Yes

1r Yes

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	s No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	a Yes	;
b Gift, grant, or capital contribution to related organization(s)	b Yes	•
c Gift, grant, or capital contribution from related organization(s)	С	No

Gift, grant, or capital contribution to related organization(s)	7D
Gift, grant, or capital contribution from related organization(s)	1c 1d 1e
Loans or loan guarantees to or for related organization(s)	ίđ
Loans or loan guarantees by related organization(s)	ĹΕ

D	Girt, grant, or capital contribution to related organization(s)		
С	Gift, grant, or capital contribution from related organization(s)	c	
d	Loans or loan guarantees to or for related organization(s)	d	7
е	Loans or loan guarantees by related organization(s)	.c .d .e	_
		Т	

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner? e		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

#### Software ID:

**Software Version:** 

**EIN:** 13-0432265

Name: AMERICAN INSTITUTE OF CERTIFIED PUBLIC

ACCOUNTANTS

roini 990, Schedule R, Fait II -	Tachthication of Related 1	ax-Excilipt organizatio	,,,,
(2)		/b)	

HAM, NC 27707 227058  LEIGH FARM ROAD HAM, NC 27707 168775  LEIGH FARM ROAD HAM, NC 27707 552063  LEIGH FARM ROAD HAM, NC 27707 169602  LEIGH FARM ROAD HAM, NC 27707 937976  LEIGH FARM ROAD HAM, NC 27707 404724  LEIGH FARM ROAD HAM, NC 27707	(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	(b)( contr	g) on 512 (13) rolled aty?
						Yes	No
220 LEIGH FARM ROAD DURHAM, NC 27707 13-6227058	DEVELOP AND ESTABLISH FINANCIAL GOVERNMENT ACCOUNTING REPORTING STANDARDS	DC	501(C)(6)		AICPA	Yes	
220 LEIGH FARM ROAD DURHAM, NC 27707 13-6168775	PROVIDE FINANCIAL ASSISTANCE TO NEEDY MEMBERS OF AICPA	NY	501(C)(3)	LINE 10	AICPA	Yes	
220 LEIGH FARM ROAD DURHAM, NC 27707 13-3552063	PROVIDES SPEAKERS FOR EDUCATIONAL SEMINARS FOR THE ACCOUNTING PROFESSION	NY	501(C)(3)	509(A)(3)	AICPA	Yes	
220 LEIGH FARM ROAD DURHAM, NC 27707 13-6169602	ADVANCES ACCOUNTING PROFESSION AND EDUCATION DIVERSITY	DC	501(C)(3)	LINE 7	AICPA	Yes	
220 LEIGH FARM ROAD DURHAM, NC 27707 13-2937976	CONTRIBUTES TO CANDIDATES FOR FEDERAL ELECTIVE OFFICE	DC	527		AICPA	Yes	
220 LEIGH FARM ROAD DURHAM, NC 27707 90-0404724	ASSISTS LOCAL CHARITIES	NY	501(C)(3)	LINE 7	AICPA	Yes	
220 LEIGH FARM ROAD DURHAM, NC 27707 36-4847532	GLOBAL MEMBERSHIP ORG FOR THE ACCOUNTING PROFESSION	DC	501(C)(6)				No
220 LEIGH FARM ROAD DURHAM, NC 27707 13-4188683	FINANCIAL ASSISTANCE TO VICTIMS OF TERRORIST ATTACKS AND NATURAL DISASTERS	NY	501(C)(3)	LINE 7	AICPA	Yes	
66 WELLINGTON STREET WEST SUITE 53 TORONTO, ONTARIO M5K 1E6	SAME AS AICPA	CA					No