

Return of Organization Exempt From Income Tax

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

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning <u>Jun 1</u> , 2016, and ending <u>May 31</u> , 2017	
B Check if applicable:	C Name of organization <u>TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.</u>
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	<u>14651 DALLAS PARKWAY</u> <u>700</u>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	<u>DALLAS TX 75254-7408</u>
<input type="checkbox"/> Application pending	F Name and address of principal officer:
	<u>STEPHEN PHILLIPS 14561 DALLAS PARKWAY, #700 DALLAS TX 75254</u>
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website: ▶ <u>WWW.TSCPA.ORG</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
L Year of formation: <u>1977</u>	H(c) Group exemption number ▶
M State of legal domicile: <u>TX</u>	
G Gross receipts <u>\$ 2,914,878.</u>	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ADVANCE AND ENCOURAGE EDUCATION AND RESEARCH IN ACCOUNTING.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	237
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	236
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	420
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,937,263.	2,750,556.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-14,046.	164,322.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,923,217.	2,914,878.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	578,378.	618,633.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,572,614.	2,408,680.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,150,992.	3,027,313.
19 Revenue less expenses. Subtract line 18 from line 12	-227,775.	-112,435.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,127,306.	1,956,755.
	22 Net assets or fund balances. Subtract line 21 from line 20	705,724.	647,610.
		1,421,582.	1,309,145.

Part II Signature Block

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

Sign Here	Signature of officer	Date	<u>04/02/18</u>
	<u>STEPHEN PHILLIPS</u> Type or print name and title	<u>CHIEF FINANCIAL OFFICER</u>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>BYRON A. PARKER, CPA</u>	<u>BYRON A. PARKER, CPA</u>	<u>04/17/18</u>
	Firm's name	Check <input checked="" type="checkbox"/> if self-employed PTIN	
	Firm's address	<u>P00541643</u>	
	<u>BYRON A. PARKER, CPA</u>	Firm's EIN ▶ <u>91-1845430</u>	
	<u>500 SOUTH CENTER STREET</u>	Phone no. <u>(972) 564-0247</u>	
	<u>FORNEY TX 75126</u>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVANCE AND ENCOURAGE EDUCATION AND RESEARCH IN ACCOUNTING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4 a (Code:) (Expenses \$ 2,477,113. including grants of \$ 0.) (Revenue \$ 2,750,556.)

CONTINUING PROFESSIONAL EDUCATIONAL COURSES WERE OFFERED IN ACCOUNTING, FINANCE, BUSINESS LAW, TAXATION, DATA PROCESSING APPLICATIONS AND MISC. OTHER SUBJECTS. DURING THE YEAR THERE WERE 42 EDUCATIONAL SEMINARS OFFERED AND 7533 CPAs ATTENDED SUCH PROGRAMS.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4 e Total program service expenses 2,477,113.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
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? <i>If 'Yes,' complete Schedule J</i>	X	
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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <input type="text" value="0"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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 <input type="text" value="0"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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 <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1 a 237		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1 b 236		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ -----
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

TEXAS SOCIETY OF CPAs 14651 DALLAS PARKWAY, SUITE 700, DALLAS, TX 75254-7408 (972) 687-8500

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNON D. ADAMS DIRECTOR	0.50	X					0.	0.	0.	
(2) SUSAN ADAMS DIRECTOR	0.50	X					0.	0.	0.	
(3) TIMOTHY ADLER DIRECTOR	0.50	X					0.	0.	0.	
(4) ARTHUR AGULNEK DIRECTOR	0.50	X					0.	0.	0.	
(5) KYM ANDERSON DIRECTOR	0.50	X					0.	0.	0.	
(6) ROBERT E. ANDERSON II DIRECTOR	0.50	X					0.	0.	0.	
(7) BILLY M. ATKINSON, JR. DIRECTOR	0.50	X					0.	0.	0.	
(8) KATY AVENSON DIRECTOR	0.50	X					0.	0.	0.	
(9) JOHN E. BAINES DIRECTOR	0.50	X					0.	0.	0.	
(10) RYAN G. BARTHOLOMEE DIRECTOR	0.50	X					0.	0.	0.	
(11) ALLYSON B. BAUMEISTER DIRECTOR	0.50	X					0.	0.	0.	
(12) RICHARD T. BAUMEISTER, JR. DIRECTOR	0.50	X					0.	9.	0.	
(13) BRIAN C. BAUMLER DIRECTOR	0.50	X					0.	0.	0.	
(14) CHERYL A. BELLAMY DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) BLAISE C. BENDER DIRECTOR	0.50	X					0.	0.	0.
(16) SARAH E. BERRY DIRECTOR	0.50	X					0.	0.	0.
(17) E. LEROY BOLT DIRECTOR	0.50	X					0.	0.	0.
(18) BRANDON R. BOOKER DIRECTOR	0.50	X					0.	0.	0.
(19) BELEN D. BRIONES DIRECTOR	0.50	X					0.	0.	0.
(20) KENNETH A. BROOM DIRECTOR	0.50	X					0.	0.	0.
(21) BRADLEY D. BROWN DIRECTOR	0.50	X					0.	0.	0.
(22) MICHAEL L. BROWN DIRECTOR	0.50	X					0.	0.	0.
(23) ROGER D. BURKS, JR DIRECTOR	0.50	X					0.	0.	0.
(24) AUSTIN CARLSON DIRECTOR	0.50	X					0.	0.	0.
(25) ANNE M. CARPENTER DIRECTOR	0.50	X					0.	0.	0.
1 b Sub-total							0.	9.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	11,697.
d Total (add lines 1b and 1c)							0.	9.	11,697.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶									

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SURGENT MCCOY, CPE, LLC 237 LANCASTER AVE DEVON PA 17333	SPEAKER FEES	178,662.
AICPA/PDI P.O. BOX 25824 LEHIGH VALLEY PA 18002	DEVELOP CPE MATERIALS	127,787.
THE GRAPHICS GROUP INC P.O. BOX 932721 CLEVELAND OH 44193	PRINT COURSE MATERIALS	113,677.
MORGAN PUBLIC RELATIONS 4616 HALLMARK DR PLANO TX 75024	PUBLIC RELATIONS SERVICES	118,554.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2 a EDUCATIONAL PROGRAMS	900099	2,679,445.	2,679,445.	0.	
	b SPONSORSHIP INCOME	900099	71,111.	71,111.	0.	
	c _____					
	d _____					
	e _____					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶		2,750,556.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		164,322.	0.	0.	
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . .				
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . .				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
11 a _____	Business Code					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▶					
12 Total revenue. See instructions ▶		2,914,878.	2,750,556.	0.	164,322.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	470,238.	376,190.	94,048.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,535.	33,228.	8,307.	0.
9 Other employee benefits	70,342.	56,274.	14,068.	0.
10 Payroll taxes	36,518.	29,214.	7,304.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,200.	0.	10,200.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,261.	0.	2,261.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	92,306.	0.	92,306.	0.
14 Information technology				
15 Royalties	104,410.	104,410.	0.	0.
16 Occupancy	61,009.	0.	61,009.	0.
17 Travel	14,999.	0.	14,999.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,486.	0.	4,486.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,383.	0.	49,383.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>COURSE MATERIALS</u>	138,535.	138,535.	0.	0.
b <u>INSRUCTOR COMP AND EXPENSES</u>	228,310.	228,310.	0.	0.
c <u>ON-SITE COORDINATOR</u>	20,427.	20,427.	0.	0.
d <u>TSCPA OVERHEAD CHARGES</u>	152,302.	0.	152,302.	0.
e All other expenses	1,530,052.	1,490,525.	39,527.	0.
25 Total functional expenses. Add lines 1 through 24e.	3,027,313.	2,477,113.	550,200.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	104,784.	1	251,902.
	2 Savings and temporary cash investments	150,016.	2	30.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,898.	4	65,452.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	98,533.	9	37,572.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 335,118.		
	b Less: accumulated depreciation	10b 335,118.	49,382.	10c 0.
	11 Investments — publicly traded securities	1,694,881.	11	1,509,182.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,812.	15	92,617.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,127,306.	16	1,956,755.	
Liabilities	17 Accounts payable and accrued expenses	291,020.	17	215,041.
	18 Grants payable		18	
	19 Deferred revenue	414,704.	19	432,569.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	705,724.	26	647,610.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,421,582.	27	1,309,145.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,421,582.	33	1,309,145.	
34 Total liabilities and net assets/fund balances	2,127,306.	34	1,956,755.	

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Form 990 (2016)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,914,878.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,027,313.
3	Revenue less expenses. Subtract line 2 from line 1	3	-112,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,421,582.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2.
9	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	1,309,145.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Form 990 (2016)

Department of the Treasury
Internal Revenue Service

Name of the Organization: **TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.** Employer Identification number: **75-1558652**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26 JANAE CHAMBLEE DIRECTOR	0.50	X						0.	0.	0.
27 SAMUEL CHENG DIRECTOR	0.50	X						0.	0.	0.
28 CARL S. CHILTON, JR. DIRECTOR	0.50	X						0.	0.	0.
29 RUSSELL J. CHIMENO DIRECTOR	0.50	X						0.	0.	0.
30 CHARLES T. CLARK DIRECTOR	0.50	X						0.	0.	0.
31 CONNIE B. CLARK DIRECTOR	0.50	X						0.	0.	0.
32 NITA J. CLYDE DIRECTOR	0.50	X						0.	0.	0.
33 EDITH T. COGDELL DIRECTOR	0.50	X						0.	0.	0.
34 CAROL B. COLLINSWORTH DIRECTOR	0.50	X						0.	0.	0.
35 DAVID E. COLMENERO DIRECTOR	0.50	X						0.	0.	0.
36 RANDY L. CREWS DIRECTOR	0.50	X						0.	0.	0.
37 TAIT CROW DIRECTOR	0.50	X						0.	0.	0.
38 THOMAS J. DeGEORGIO DIRECTOR	0.50	X						0.	0.	0.
39 SHERI K. DeLMAGE DIRECTOR	0.50	X						0.	0.	0.
40 ADAM DIMMICK DIRECTOR	0.50	X						0.	0.	0.
41 JESSE DOMINGUEZ DIRECTOR	0.50	X						0.	0.	0.
42 DAVID DONNELLY DIRECTOR	0.50	X						0.	0.	0.
43 MICHELLE R. DOWNS DIRECTOR	0.50	X						0.	0.	0.
44 NEELY D. DUNCAN DIRECTOR	0.50	X						0.	0.	0.
45 MAX STEPHANIE O. DUPLANT DIRECTOR	0.50	X						0.	0.	0.
46 PATRICK L. DURIO DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: **TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.** Employer Identification number: **75-1558652**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
47 KATHLEEN DVORAK DIRECTOR	0.50	X						0.	0.	0.
48 DORA JEAN DYSON DIRECTOR	0.50	X						0.	0.	0.
49 JOHN A. EADS DIRECTOR	0.50	X						0.	0.	0.
50 JEFFERY L. EATON DIRECTOR	0.50	X						0.	0.	0.
51 LARRY D. EDGERTON DIRECTOR	0.50	X						0.	0.	0.
52 BRADLEY S. ELGIN DIRECTOR	0.50	X						0.	0.	0.
53 SHARON L. ELLINGTON DIRECTOR	0.50	X						0.	0.	0.
54 SHEILA A. ENRIQUEZ DIRECTOR	0.50	X						0.	0.	0.
55 CHARLES E. FANKHAUSER, JR. DIRECTOR	0.50	X						0.	0.	0.
56 CHAD A. FISHER DIRECTOR	0.50	X						0.	0.	0.
57 SELENA R. FOGG DIRECTOR	0.50	X						0.	0.	0.
58 JULIE R. FOLWELL DIRECTOR	0.50	X						0.	0.	0.
59 RENEE D. FOSHEE DIRECTOR	0.50	X						0.	0.	0.
60 NANCY E. FOSS DIRECTOR	0.50	X						0.	0.	0.
61 JASON FREEMAN DIRECTOR	0.50	X						0.	0.	0.
62 RAYMOND C. FRIERSON DIRECTOR	0.50	X						0.	0.	0.
63 PATRICIA J. FRITSCHÉ DIRECTOR	0.50	X						0.	0.	0.
64 GUADALUPE R. GARCIA DIRECTOR	0.50	X						0.	0.	0.
65 TRAVIS L. GARMON DIRECTOR	0.50	X						0.	0.	0.
66 MELANIE C. GEIST DIRECTOR	0.50	X						0.	0.	0.
67 CHRISTY GIBSON DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. Employer Identification number: 75-1558652

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
68 MARK J. GOLDMAN DIRECTOR	0.50	X						0.	0.	0.
69 THALIA S. GONZALEZ DIRECTOR	0.50	X						0.	0.	0.
70 STEVEN R. GOODMAN DIRECTOR	0.50	X						0.	0.	0.
71 C. JEFF GREGG DIRECTOR	0.50	X						0.	0.	0.
72 BILL GRIFFIN DIRECTOR	0.50	X						0.	0.	0.
73 DARRELL W. GROVES DIRECTOR	0.50	X						0.	0.	0.
74 DAN H. HANKE DIRECTOR	0.50	X						0.	0.	0.
75 BRUCE J. HARPER DIRECTOR	0.50	X						0.	0.	0.
76 DAVID A. HARRIS DIRECTOR	0.50	X						0.	0.	0.
77 JEFF D. HARRIS DIRECTOR	0.50	X						0.	0.	0.
78 JULIA HAYES DIRECTOR	0.50	X						0.	0.	0.
79 GERRAD HEEP DIRECTOR	0.50	X						0.	0.	0.
80 KELLY R. HEIN, JR. DIRECTOR	0.50	X						0.	0.	0.
81 KENDALL H. HELFENBEIN DIRECTOR	0.50	X						0.	0.	0.
82 JENNIFER HENNESSEY DIRECTOR	0.50	X						0.	0.	0.
83 ROBERT W. HENRY DIRECTOR	0.50	X						0.	0.	0.
84 MICHELE M. HEYMAN DIRECTOR	0.50	X						0.	0.	0.
85 WALTER H. HILL, JR. DIRECTOR	0.50	X						0.	0.	0.
86 PAUL W. HILLIER, JR. DIRECTOR	0.50	X						0.	0.	0.
87 TERRI E. HORNBERGER DIRECTOR	0.50	X						0.	0.	0.
88 WILLIAM H. HORNBERGER DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. Employer Identification number: 75-1558652

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
89 KENNETH M. HORWITZ DIRECTOR	0.50	X						0.	0.	0.
90 JIMMY J. HUDSON DIRECTOR	0.50	X						0.	0.	0.
91 DONNA J. HUGLY DIRECTOR	0.50	X						0.	0.	0.
92 KELLY J. HUNTER DIRECTOR	0.50	X						0.	0.	0.
93 KIRBY H. JACKSON, JR. DIRECTOR	0.50	X						0.	0.	0.
94 AMANDA F. JOHNSON DIRECTOR	0.50	X						0.	0.	0.
95 JENNIFER G. JOHNSON DIRECTOR	0.50	X						0.	0.	0.
96 LYLE C. (CORY) JOINER DIRECTOR	0.50	X						0.	0.	0.
97 BRIAN C. JONES DIRECTOR	0.50	X						0.	0.	0.
98 JANELLE M. JONES DIRECTOR	0.50	X						0.	0.	0.
99 MARK M. JONES DIRECTOR	0.50	X						0.	0.	0.
100 JOSEPH A. JOYCE, JR. DIRECTOR	0.50	X						0.	0.	0.
101 CHARLOTTE M. JUNGEN DIRECTOR	0.50	X						0.	0.	0.
102 KATHRYN W. KAPKA DIRECTOR	0.50	X						0.	0.	0.
103 MEGHAN D. KAUTEN DIRECTOR	0.50	X						0.	0.	0.
104 JAN KEELING DIRECTOR	0.50	X						0.	0.	0.
105 BILLY KELLEY DIRECTOR	0.50	X						0.	0.	0.
106 STEPHEN KING DIRECTOR	0.50	X						0.	0.	0.
107 RONALD R. KIRBY DIRECTOR	0.50	X						0.	0.	0.
108 LYN KUCIEMBA DIRECTOR	0.50	X						0.	0.	0.
109 LYNN S. KUPPER DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: **TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.** Employer Identification number: **75-1558652**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
110 MOHAN KURUVILLA DIRECTOR	0.50	X					0.	0.	0.	
111 NIKKI LAING DIRECTOR	0.50	X					0.	0.	0.	
112 JAMES M. LARKIN DIRECTOR	0.50	X					0.	0.	0.	
113 TRAM P. LE DIRECTOR	0.50	X					0.	0.	0.	
114 JOSHUA LEBLANC DIRECTOR	0.50	X					0.	0.	0.	
115 MARK D. LEE DIRECTOR	0.50	X					0.	0.	0.	
116 ELENA LEVARIO DIRECTOR	0.50	X					0.	0.	0.	
117 GARY B. LINKER DIRECTOR	0.50	X					0.	0.	0.	
118 KERRY B. LORE DIRECTOR	0.50	X					0.	0.	0.	
119 JERRY L. LOVE DIRECTOR	0.50	X					0.	0.	0.	
120 JAMES S. LUCAS DIRECTOR	0.50	X					0.	0.	0.	
121 SHARON K. LUKICH DIRECTOR	0.50	X					0.	0.	0.	
122 JOSE L. LUNA DIRECTOR	0.50	X					0.	0.	0.	
123 JENNIFER MABE DIRECTOR	0.50	X					0.	0.	0.	
124 MATTHEW G. MALCOM DIRECTOR	0.50	X					0.	0.	0.	
125 ROBERT C. MANN DIRECTOR	0.50	X					0.	0.	0.	
126 ALYSSA G. MARTIN DIRECTOR	0.50	X					0.	0.	0.	
127 JIMMIE L. MASON DIRECTOR	0.50	X					0.	0.	0.	
128 NANCY M. MATHEWS DIRECTOR	0.50	X					0.	0.	0.	
129 KRISTIN A. MATTINGLY DIRECTOR	0.50	X					0.	0.	0.	
130 ROBERT M. McADAMS DIRECTOR	0.50	X					0.	0.	0.	

Department of the Treasury
Internal Revenue Service

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. Employer Identification number: 75-1558652

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
131 TONI L. McBEE JOYNER DIRECTOR	0.50	X						0.	0.	0.
132 JERRY D. McGEE DIRECTOR	0.50	X						0.	0.	0.
133 GARY D. McINTOSH DIRECTOR	0.50	X						0.	0.	0.
134 LYNN L. MENARD DIRECTOR	0.50	X						0.	0.	0.
135 TRACEY L. MERRITT DIRECTOR	0.50	X						0.	0.	0.
136 DONOVAN A. MILLER DIRECTOR	0.50	X						0.	0.	0.
137 CHRISTINA A. MONDRIK DIRECTOR	0.50	X						0.	0.	0.
138 DAVID J. MORALES DIRECTOR	0.50	X						0.	0.	0.
139 ROSELYN E. MORRIS DIRECTOR	0.50	X						0.	0.	0.
140 WILLIAM R. MOSS DIRECTOR	0.50	X						0.	0.	0.
141 WALTER E. MULLER, JR. DIRECTOR	0.50	X						0.	0.	0.
142 GAIL S. NEELY DIRECTOR	0.50	X						0.	0.	0.
143 JOHN H. NEUKOMM DIRECTOR	0.50	X						0.	0.	0.
144 STEVEN G. NEWCOM DIRECTOR	0.50	X						0.	0.	0.
145 KELLY G. NOE DIRECTOR	0.50	X						0.	0.	0.
146 ADELAIDE A. ODOTEYE DIRECTOR	0.50	X						0.	0.	0.
147 JIM OLIVER DIRECTOR	0.50	X						0.	0.	0.
148 LISA M. ONG DIRECTOR	0.50	X						0.	0.	0.
149 AMY E. OTT DIRECTOR	0.50	X						0.	0.	0.
150 RODNEY C. OVERMAN DIRECTOR	0.50	X						0.	0.	0.
151 ROBERT R. OWEN DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. Employer Identification number: 75-1558652

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
152 CHRISTOPHER M. PACE DIRECTOR	0.50	X						0.	0.	0.
153 JOSHUA K. PAGE DIRECTOR	0.50	X						0.	0.	0.
154 DIANE K. PAPPAS DIRECTOR	0.50	X						0.	0.	0.
155 R. CLIFFORD PARKER DIRECTOR	0.50	X						0.	0.	0.
156 STEPHEN G. PARKER DIRECTOR	0.50	X						0.	0.	0.
157 ROLAND D. PATTILLO DIRECTOR	0.50	X						0.	0.	0.
158 BENJAMIN PENA DIRECTOR	0.50	X						0.	0.	0.
159 MARTHA C. PEREZ DIRECTOR	0.50	X						0.	0.	0.
160 JOHN N. PERKINS DIRECTOR	0.50	X						0.	0.	0.
161 MITCHELL G. PERRY DIRECTOR	0.50	X						0.	0.	0.
162 CARROLL W. PHILLIPS DIRECTOR	0.50	X						0.	0.	0.
163 ALICIA M. PICKENS DIRECTOR	0.50	X						0.	0.	0.
164 LAWRENCE G. PICKENS DIRECTOR	0.50	X						0.	0.	0.
165 TIMOTHY S. PIKE DIRECTOR	0.50	X						0.	0.	0.
166 JUSTIN R. PINKSTON DIRECTOR	0.50	X						0.	0.	0.
167 MARSHALL K. PITMAN DIRECTOR	0.50	X						0.	0.	0.
168 KATHY M. PLOCH DIRECTOR	0.50	X						0.	0.	0.
169 EDWARD M. POLANSKY DIRECTOR	0.50	X						0.	0.	0.
170 DAN L. POPEJOY DIRECTOR	0.50	X						0.	0.	0.
171 AMELIA N. PROCTOR DIRECTOR	0.50	X						0.	0.	0.
172 EDGAR G. QUINTANILLA DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. Employer Identification number: 75-1558652

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
173 ANGELA M. RAGAN DIRECTOR	0.50	X					0.	0.	0.	
174 FRANK T. REA DIRECTOR	0.50	X					0.	0.	0.	
175 ROYCE E. READ DIRECTOR	0.50	X					0.	0.	0.	
176 KEITH REEGER DIRECTOR	0.50	X					0.	0.	0.	
177 AMY N. RESTIVO DIRECTOR	0.50	X					0.	0.	0.	
178 OLIVIA E. RILEY DIRECTOR	0.50	X					0.	0.	0.	
179 SUSAN S. ROBERTS DIRECTOR	0.50	X					0.	0.	0.	
180 TONJA C. RODRIGUEZ DIRECTOR	0.50	X					0.	0.	0.	
181 RONNIE RUDD DIRECTOR	0.50	X					0.	0.	0.	
182 DONNA RUTTER DIRECTOR	0.50	X					0.	0.	0.	
183 TERRI RUTTER DIRECTOR	0.50	X					0.	0.	0.	
184 SUSAN V. SAMPLE DIRECTOR	0.50	X					0.	0.	0.	
185 GAYLA L. SAMUELS DIRECTOR	0.50	X					0.	0.	0.	
186 WILLIAM D. SCHNEIDER DIRECTOR	0.50	X					0.	0.	0.	
187 DEBRA D. SEEFELD DIRECTOR	0.50	X					0.	0.	0.	
188 ROBERT J. SHANKS DIRECTOR	0.50	X					0.	0.	0.	
189 JOHN M. SHARBAUGH DIRECTOR	0.50	X					0.	0.	11,697.	
190 KENNETH D. SIBLEY DIRECTOR	0.50	X					0.	0.	0.	
191 BEN SIMISKEY DIRECTOR	0.50	X					0.	0.	0.	
192 WILLIAM H. SIMS DIRECTOR	0.50	X					0.	0.	0.	
193 JAMES A. SMITH DIRECTOR	0.50	X					0.	0.	0.	

Department of the Treasury
Internal Revenue Service

Name of the Organization: **TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.** Employer Identification number: **75-1558652**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
194 JEANNETTE P. SMITH DIRECTOR	0.50	X					0.	0.	0.	
195 VIRGINIA LEE S. SNIDER DIRECTOR	0.50	X					0.	0.	0.	
196 PRISCILLA A. SOTO DIRECTOR	0.50	X					0.	0.	0.	
197 E. MICHAEL SPARTALIS DIRECTOR	0.50	X					0.	0.	0.	
198 JERRY D. SPENCE, JR. DIRECTOR	0.50	X					0.	0.	0.	
199 SUSAN J. SPILLIOS DIRECTOR	0.50	X					0.	0.	0.	
200 SHELLY R. SPINKS DIRECTOR	0.50	X					0.	0.	0.	
201 CASEY D. STEWART DIRECTOR	0.50	X					0.	0.	0.	
202 DIANA L. SULLIVAN DIRECTOR	0.50	X					0.	0.	0.	
203 SUSIE SULLIVAN DIRECTOR	0.50	X					0.	0.	0.	
204 EDWARD L. SUMMERS DIRECTOR	0.50	X					0.	0.	0.	
205 ROBERT J. SWEENEY DIRECTOR	0.50	X					0.	0.	0.	
206 WENDI C. TABER DIRECTOR	0.50	X					0.	0.	0.	
207 DONNA P. TADLOCK DIRECTOR	0.50	X					0.	0.	0.	
208 DIANE TERRELL DIRECTOR	0.50	X					0.	0.	0.	
209 LEI D. TESTA DIRECTOR	0.50	X					0.	0.	0.	
210 ALTON D. THIELE DIRECTOR	0.50	X					0.	0.	0.	
211 BARRETT & THOMAS PC DIRECTOR	0.50	X					0.	0.	0.	
212 MELANIE G. THOMPSON DIRECTOR	0.50	X					0.	0.	0.	
213 FRED J. TIMMONS DIRECTOR	0.50	X					0.	0.	0.	
214 RANDY L. TURNER DIRECTOR	0.50	X					0.	0.	0.	

Department of the Treasury
Internal Revenue Service

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. Employer Identification number: 75-1558652

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
215 PAUL A. VANEK DIRECTOR	0.50	X					0.	0.	0.	
216 JESSE T. VICK DIRECTOR	0.50	X					0.	0.	0.	
217 STANLEY H. VOELKEL DIRECTOR	0.50	X					0.	0.	0.	
218 RANDY VOGEL DIRECTOR	0.50	X					0.	0.	0.	
219 MONTY WALKER DIRECTOR	0.50	X					0.	0.	0.	
220 WILLIAM L. WANTUCK DIRECTOR	0.50	X					0.	0.	0.	
221 CAROL G. WARLEY DIRECTOR	0.50	X					0.	0.	0.	
222 MICHAEL E. WENSKE DIRECTOR	0.50	X					0.	0.	0.	
223 DONNA H. WESLING DIRECTOR	0.50	X					0.	0.	0.	
224 JEFFREY P. WEYANDT DIRECTOR	0.50	X					0.	0.	0.	
225 BARRY E. WILKEN DIRECTOR	0.50	X					0.	0.	0.	
226 PAUL W. WILLEY DIRECTOR	0.50	X					0.	0.	0.	
227 BETTE D. WILLIAMS DIRECTOR	0.50	X					0.	0.	0.	
228 GEORGE C. (CHRIS) WILLIAMS DIRECTOR	0.50	X					0.	0.	0.	
229 LAURA J. WILLIAMS DIRECTOR	0.50	X					0.	0.	0.	
230 VERONDA F. WILLIS DIRECTOR	0.50	X					0.	0.	0.	
231 CLAUDE R. WILSON DIRECTOR	0.50	X					0.	0.	0.	
232 PAT L. WILSON DIRECTOR	0.50	X					0.	0.	0.	
233 STANLEY E. WINTERS DIRECTOR	0.50	X					0.	0.	0.	
234 J. RAMSEY WOMACK, III DIRECTOR	0.50	X					0.	0.	0.	
235 TIMOTHY G. WOOTEN DIRECTOR	0.50	X					0.	0.	0.	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.	Employer identification number 75-1558652
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person that exceeds 2% of the amount shown on line 11; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A; 16a 33-1/3% support test-2016; b 33-1/3% support test-2015; 17a 10%-facts-and-circumstances test-2016; b 10%-facts-and-circumstances test-2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,145,087.	3,111,661.	3,131,815.	2,937,263.	2,750,556.	15,076,382.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	3,145,087.	3,111,661.	3,131,815.	2,937,263.	2,750,556.	15,076,382.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						15,076,382.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	3,145,087.	3,111,661.	3,131,815.	2,937,263.	2,750,556.	15,076,382.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,683.	56,226.	36,922.	-14,146.	164,322.	292,007.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	48,683.	56,226.	36,922.	-14,146.	164,322.	292,007.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,193,770.	3,167,887.	3,168,737.	2,923,117.	2,914,878.	15,368,389.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.10 %
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	99.38 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	1.90 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.62 %

- 19a 33-1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c)	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC 95-1558652

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1c regarding art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|------------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		335,118.	335,118.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. 75-1558652

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN SHARBAUGH DIRECTOR/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	338,678.	60,000.	0.	26,500.	11,697.	436,875.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC. 75-1558652

Pt VI, Line 2 MEMBERS OF THE BOARD OF DIRECTORS MAY BE MARRIED TO ONE ANOTHER, HAVE
A PARENT-CHILD RELATIONSHIP, OR BE SIBLINGS. SOME DIRECTORS MAY BE
Pt VI, Line 11b EMPLOYEES OF CPA FIRMS IN WHICH OTHER DIRECTORS OWN A MAJORITY INTEREST.
THE CHIEF FINANCIAL OFFICER OF THE TEXAS SOCIETY OF CPAs
Pt VI, Line 11b REVIEWS A DRAFT OF THE RETURN WITH THE SOCIETY'S TREASURER AND THE CPA
PREPARER. HE DISCUSSES ANY ISSUES THAT ARISE WITH THE APPROPRIATE
OFFICER, KEY EMPLOYEE OR BOARD MEMBER.
Pt VI, Line 12c EACH DIRECTOR AND KEY EMPLOYEE MUST ANNUALLY SIGN A STATEMENT THAT
HE/SHE IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
THE ANNUAL PROCESS INCLUDES THE FOLLOWING STEPS BY PERSONNEL OF THE
TEXAS SOCIETY OF CPAs (FOUNDATION AND TSCPAs USE A COMMON PAYMASTER):
(1) THE HUMAN RESOURCES DIRECTOR (HRD) DETERMINES THE CPI INCREASE FOR
THE YEAR TO SET THE COST OF LIVING INCREASE; (2) HRD THEN ADDS A
SUGGESTED MERIT INCREASE TO THE AMOUNT IN (1) BASED ON THE EMPLOYEE'S
ANNUAL PERFORMANCE REVIEW AND PAY GRADE; (3) THE CEO REVIEWS HRD'S
RECOMMENDATIONS; (4) HRD AND CEO PRESENT RECOMMENDED COMPENSATION TO
COMPENSATION COMMITTEE COMPOSED OF FIVE OFFICER MEMBERS (NONE OF WHOM IS
COMPENSATED) WHICH APPROVES TOTAL COMPENSATION. EVERY THREE YEARS, AN
INDEPENDENT COMPENSATION CONSULTANT IS ENGAGED TO GRADE EMPLOYEE
POSITIONS BASED ON JOB DESCRIPTIONS AND TO SET PAY GRADES BASED ON THE
Pt VI, Line 15a COMPENSATION OF COMPARABLE ENTITIES IN THE SAME GEOGRAPHICAL AREA.
Pt VI, Line 15b SEE EXPLANATION ABOVE WITH RESPECT TO LINE 15a.
THE FOUNDATION MAKES ITS RETURNS AND OTHER DOCUMENTS SUBJECT TO PUBLIC
Pt VI, Line 19 DISCLOSURE AVAILABLE UPON REQUEST IN ACCORDANCE WITH THE TIME PERIODS
SET FORTH IN THE INTERNAL REVENUE CODE AND REGULATIONS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.

Employer identification number

75-1558652

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 14651 DALLAS PARKWAY, #700 DALLAS, TX 75254 75-0886417	PROMOTION OF CPA PROFESSION IN TEXAS	TX	501(c)(6)	N/A	N/A		
(2) ACCOUNTING EDUCATION FDN OF TSCPAs 14651 DALLAS PARKWAY, #700 DALLAS, TX 75254 75-6026826	PROVIDE SCHOLARSHIP GRANTS/ LOANS TO ACCOUNTING STUDENTS	TX	501(c)(3)	509(a)(3)	N/A		
(3) TSCPA PEER ASSISTANCE FDN 14561 DALLAS PARKWAY, #700 DALLAS, TX 75254 75-2551456	SUBSTANCE ABUSE HELP FOR CPAs	TX	501(c)(3)	509(a)(2)	N/A		
(4) TSCPAs PAC 14651 DALLAS PARKWAY, #700 DALLAS, TX 75254 74-2026054	LOBBYING ON LEGISLATION OF INTEREST TO CPAs	TX	527	N/A	N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) TEXAS SOCIETY OF CPAs INSURANCE TRUST 75-6447640 14651 DALLAS PARKWAY, #700 DALLAS, TX 75254	MEMBER INSURANCE	TX	NO	T					X
(2) ----- ----- -----									
(3) ----- ----- -----									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2016, or fiscal year beginning Jun 1, 2016, and ending May 31, 202017

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS CPE FOUNDATION, INC.

75-1558652

Name and title of officer

STEPHEN PHILLIPS

CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>2,914,878.</u>
2 a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a	Form 1120-POL check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	
4 a	Form 990-PF check here . . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BYRON A. PARKER, CPA to enter my PIN 75126 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ 04/02/2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

75420575126
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ 04/17/2018

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EDUCATION AND REGISTRATION	1,952.	1,952.	0.	0.
EQUIPMENT RENTAL/REPAIRS	39,527.	0.	39,527.	0.
FACILITIES	324,501.	324,501.	0.	0.
MEETINGS	603,296.	603,296.	0.	0.
PROFESSIONAL SERVICES	96,349.	96,349.	0.	0.
TRAVEL	27,202.	27,202.	0.	0.
MISCELLANEOUS	82,057.	82,057.	0.	0.
EQUIPMENT AND SUPPLIES	10,035.	10,035.	0.	0.
PRINTING	113,616.	113,616.	0.	0.
SHIPPING AND POSTAGE	49,421.	49,421.	0.	0.
MAIL PREP	16,449.	16,449.	0.	0.
INSTRUCTOR TRAVEL	165,647.	165,647.	0.	0.

Supporting Statement of:

Form 990 p 10/Line 13 col (C)

Description	Amount
STATIONERY AND PAPER	
SUPPLIES	
EQUIPMENT	2,189.
BANK AND PAYROLL CHARGES	70,123.
BAD DEBT EXPENSE	611.
MISCELLANEOUS EXPENSES	-626.
TELEPHONE	9,827.
SHIPPING AND POSTAGE	1,366.
PRINTING	161.
DUES AND SUBSCRIPTIONS	2,065.
SUPPLIES	6,590.
Total	<u>92,306.</u>