Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning Jun 1 , 2016, and ending May 31 , 2017

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

C Name of organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 14651 DALLAS PARKWAY — Room/suite: 700

City or town, state or province, country, and ZIP or foreign postal code: DALLAS TX 75254-7408

D Employer identification number: 75-0886417

E Telephone number: (972) 687-8500

G Gross receipts $ 7,599,141.

F Name and address of principal officer: STEPHEN PHILLIPS 14651 DALLAS PKWY, STE 700 DALLAS TX 75254

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (6) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.tscpa.org

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1915 **M** State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO SUPPORT ITS MEMBERS IN THEIR PROFESSIONAL ENDEAVORS AND TO PROMOTE THE VALUES AND HIGH STANDARDS OF CERTIFIED PUBLIC ACCOUNTANTS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	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	50
6	Total number of volunteers (estimate if necessary)	6	643
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	24,144.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	6,342,256.	6,847,522.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,170.	622,384.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,070.	129,235.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,654,496.	7,599,141.
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)	4,592,160.	4,724,725.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,378,391.	2,352,448.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,970,551.	7,077,173.
19	Revenue less expenses. Subtract line 18 from line 12	-316,055.	521,968.

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,395,207.	8,353,356.
21	Total liabilities (Part X, line 26)	3,860,786.	4,296,966.
22	Net assets or fund balances. Subtract line 21 from line 20	3,534,421.	4,056,390.

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: 04/12/18

STEPHEN PHILLIPS — CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
BYRON A. PARKER, CPA	BYRON A. PARKER, CPA	04/17/18		P00541643

Firm's name ► BYRON A. PARKER, CPA
Firm's address ► 500 SOUTH CENTER STREET, FORNEY TX 75126
Firm's EIN ► 91-1845430
Phone no. (972) 564-0247

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 SUPPORT ITS MEMBERS IN THEIR PROFESSIONAL ENDEAVORS AND TO PROMOTE THE VALUES AND HIGH STANDARDS OF CERTIFIED PUBLIC ACCOUNTANTS.

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 $ including grants of $) (Revenue $)

PERIODICALS: MEMBER PUBLICATIONS COVER ORGANIZATIONAL ACTIVITIES AND TECHNICAL CHANGES, ISSUES AND TRENDS IMPACTING THE ACCOUNTING PROFESSION.

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

QUALITY REVIEW: TSCPA ARRANGES PEER INTERVIEWS OF CPA FIRMS BY MATCHING QUALIFIED REVIEWERS WITH FIRMS TO BE REVIEWED. ALSO, PUBLISHES DIRECTORY LISTING FIRMS AND INDIVIDUALS.

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

PROFESSIONAL STANDARDS: PRESCRIBE AND PROMOTE QUALITY PERFORMANCE STANDARDS FOR TEXAS CPAs THROUGH THE MONITORING OF TECHNICAL STANDARD-SETTING BODIES.

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

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

4 e Total program service expenses ►

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		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? *If 'Yes,' complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5	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? *If 'Yes,' complete Schedule D, Part I*	6		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? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		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? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		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? *If 'Yes,' complete Schedule D, Part VI*	11 a	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? *If 'Yes,' complete Schedule D, Part VII*	11 b		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? *If 'Yes,' complete Schedule D, Part VIII*	11 c		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? *If 'Yes,' complete Schedule D, Part IX*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	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)? *If 'Yes,' complete Schedule D, Part X*	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12 b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		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? *If 'Yes,' complete Schedule F, Parts II and IV*	15		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? *If 'Yes,' complete Schedule F, Parts III and IV*	16		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? *If 'Yes,' complete Schedule G, Part I* (see instructions)	17		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? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	**20a**		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	**21**		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? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		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? *If 'Yes,' complete Schedule J*	**23**	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25 a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes,' complete Schedule L, Part II*	**26**		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? *If 'Yes,' complete Schedule L, Part III*	**27**		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? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		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? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		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? *If 'Yes,' complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		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)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		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	**38**	X	

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	1 a	0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1 c	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	2 a	50			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?			3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*			3 b	X	
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)?			4 a		X
b If 'Yes,' enter the name of the foreign country: ►					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
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?			6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6 b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9 b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10 a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11 a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			13 a		
Note. See the instructions for additional information the organization must report on Schedule O.					
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	13 b				
c Enter the amount of reserves on hand	13 c				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			14 b		

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 X

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	1 a	237		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	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?		2	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?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6	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?		7 a	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?		7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8 a	X	
b Each committee with authority to act on behalf of the governing body?		8 b	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*		9		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?	10 a	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		X
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		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*	12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done*	12 c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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	15 a	X	
b Other officers or key employees of the organization	15 b	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?	16 a		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: ►

CONTROLLER---TSCPA 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHANNAN D. ADAMS DIRECTOR	0.50	X						0.	0.	0.
(2) SUSAN I. ADAMS DIRECTOR	0.50	X						0.	0.	0.
(3) TIMOTHY J. ADLER DIRECTOR	0.50	X						0.	0.	0.
(4) ARTHUR M. AGULNEK DIRECTOR	0.50	X						0.	0.	0.
(5) KYM ANDERSON DIRECTOR	0.50	X						0.	0.	0.
(6) ROBERT F. 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.	0.	0.
(13) BRIAN 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(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 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.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								398,678.	0.	38,197.
d Total (add lines 1b and 1c) ►								398,678.	0.	38,197.

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 ► 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		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? *If 'Yes,' complete Schedule J for such individual*	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? *If 'Yes,' complete Schedule J for such person*	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
SVANACO, INC 2600 S. RIVER ROAD DES PLAINES IL 60018	WEBSITE DESIGN; SOFT MAINT.	135,320.
ABILA, INC 1800 PECAN PARK, #400 AUSTIN TX 78754	SOFTWARE MAINTENANCE	106,782.
UNITED HEALTHCARE P.O. BOX 94017 PALATINE IL 60094	GROUP INSURANCE	661,257.
PRINCETON PARTNERS MGT 14651 DALLAS PKWY, #150 DALLAS TX 75254	OFFICE RENT	339,208.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ►					
Program Service Revenue		Business Code				
	2a MEMBER DUES	900099	5,514,209.	5,514,209.	0.	0.
	b QUALITY REVIEW OF PRACTITIONERS	900099	994,407.	994,407.	0.	0.
	c BOARD/ANNUAL MEETINGS	900099	6,365.	6,365.	0.	0.
	d SERVICES FOR MEMBER CHAPTER	900099	211,860.	211,860.	0.	0.
	e CPE SELF-STUDY REVENUE	900099	18,105.	18,105.	0.	0.
	f All other program service revenue		102,576.	102,576.	0.	0.
	g **Total.** Add lines 2a-2f ►		6,847,522.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ►		622,384.	0.	0.	622,384.
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►		105,091.	0.	0.	105,091.
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ►					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ►					
	Miscellaneous Revenue	Business Code				
	11a WEB ADS	541800	2,035.	0.	2,035.	0.
	b PERIODICAL ADVERTISING	541800	22,109.	0.	22,109.	0.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ►		24,144.			
	12 **Total revenue.** See instructions ►		7,599,141.	6,847,522.	24,144.	727,475.

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	1,496,504.			
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	2,170,507.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	320,634.			
9 Other employee benefits	483,336.			
10 Payroll taxes	253,744.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,267.			
d Lobbying	80,000.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	424,759.			
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	9,211.			
13 Office expenses	490,182.			
14 Information technology				
15 Royalties				
16 Occupancy	431,269.			
17 Travel	229,310.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	351,362.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,126.			
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 BANK & PAYROLL CHARGES	168,359.			
b EDUCATION & REGISTRATION	31,661.			
c DUES & SUBSCRIPTIONS	132,897.			
d CHAPTER ASSISTANCE	12,690.			
e All other expenses	-115,645.			
25 **Total functional expenses.** Add lines 1 through 24e	7,077,173.			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash – non-interest-bearing			363,937.	1	1,583,000.
	2	Savings and temporary cash investments			920,216.	2	1,682.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			46,407.	4	43,033.
	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			97,244.	9	159,324.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,297,189.			
	b	Less: accumulated depreciation	10b	1,006,046.	231,313.	10c	291,143.
	11	Investments – publicly traded securities			5,653,700.	11	6,275,174.
	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			82,390.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			7,395,207.	16	8,353,356.
Liabilities	17	Accounts payable and accrued expenses			1,192,941.	17	1,218,651.
	18	Grants payable				18	
	19	Deferred revenue			2,667,845.	19	2,951,237.
	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	127,078.
	26	**Total liabilities.** Add lines 17 through 25			3,860,786.	26	4,296,966.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			3,534,421.	27	4,056,390.
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,534,421.	33	4,056,390.
	34	Total liabilities and net assets/fund balances			7,395,207.	34	8,353,356.

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	7,599,141.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,077,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	521,968.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,534,421.
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	1.
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	4,056,390.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ______ 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?	2 a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2 b	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	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?	3 a		X
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	3 b		

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employer Identification number: 75-0886417

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26 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.

Form 990

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

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

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2016

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

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Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

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Employer Identification number: 75-0886417

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
110 LYNN S. KUPPER DIRECTOR	0.50	X						0.	0.	0.
111 MOHAN KURUVILLA DIRECTOR	0.50	X						0.	0.	0.
112 NIKKI LAING DIRECTOR	0.50	X						0.	0.	0.
113 JAMES M. LARKIN DIRECTOR	0.50	X						0.	0.	0.
114 TRAM P. LE DIRECTOR	0.50	X						0.	0.	0.
115 JOSHUA LEBLANC DIRECTOR	0.50	X						0.	0.	0.
116 MARK D. LEE DIRECTOR	0.50	X						0.	0.	0.
117 ELENA LEVARIO DIRECTOR	0.50	X						0.	0.	0.
118 GARY B. LINKER DIRECTOR	0.50	X						0.	0.	0.
119 KERRY B. LORE DIRECTOR	0.50	X						0.	0.	0.
120 JERRY L. LOVE DIRECTOR	0.50	X						0.	0.	0.
121 JAMES S. LUCAS DIRECTOR	0.50	X						0.	0.	0.
122 SHARON K. LUKICH DIRECTOR	0.50	X						0.	0.	0.
123 JOSE L. LUNA DIRECTOR	0.50	X						0.	0.	0.
124 JENNIFER MABE DIRECTOR	0.50	X						0.	0.	0.
125 MATTHEW G. MALCOM DIRECTOR	0.50	X						0.	0.	0.
126 ROBERT C. MANN DIRECTOR	0.50	X						0.	0.	0.
127 ALYSSA G. MARTIN DIRECTOR	0.50	X						0.	0.	0.
128 JIMMIE L. MASON DIRECTOR	0.50	X						0.	0.	0.
129 MISTY G. MATA DIRECTORR	0.50	X						0.	0.	0.
130 NANCY M. MATHEWS DIRECTOR	0.50	X						0.	0.	0.

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employler Identification number: 75-0886417

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

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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2016

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employler Identification number: 75-0886417

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
152 RODNEY C. OVERMAN DIRECTOR	0.50	X						0.	0.	0.
153 ROBERT R. OWEN DIRECTOR	0.50	X						0.	0.	0.
154 CHRISTOPHER M. PACE DIRECTOR	0.50	X						0.	0.	0.
155 JOSHUA K. PAGE DIRECTOR	0.50	X						0.	0.	0.
156 DIANE K. PAPPAS DIRECTOR	0.50	X						0.	0.	0.
157 R. CLIFFORD PARKER DIRECTOR	0.50	X						0.	0.	0.
158 STEPHEN G. PARKER DIRECTOR	0.50	X						0.	0.	0.
159 ROLAND D. PATTILLO DIRECTOR	0.50	X						0.	0.	0.
160 JOHN G. PEARCE DIRECTOR	0.50	X						0.	0.	0.
161 BENJAMIN PENA DIRECTOR	0.50	X						0.	0.	0.
162 MARTHA C. PEREZ DIRECTOR	0.50	X						0.	0.	0.
163 JOHN N. PERKINS DIRECTOR	0.50	X						0.	0.	0.
164 MITCHELL G. PERRY DIRECTOR	0.50	X						0.	0.	0.
165 CARROLL W. PHILLIPS DIRECTOR	0.50	X						0.	0.	0.
166 ALICIA M. PICKENS DIRECTOR	0.50	X						0.	0.	0.
167 LAWRENCE G. PICKENS DIRECTOR	0.50	X						0.	0.	0.
168 TIMOTHY S. PIKE DIRECTOR	0.50	X						0.	0.	0.
169 JUSTIN R. PINKSTON DIRECTOR	0.50	X						0.	0.	0.
170 KATHY M. PLOCH DIRECTOR	0.50	X						0.	0.	0.
171 EDWARD M. POLANSKY DIRECTOR	0.50	X						0.	0.	0.
172 DAN L. POPEJOY DIRECTOR	0.50	X						0.	0.	0.

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employer Identification number: 75-0886417

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
173 AMELIA N. PROCTOR DIRECTOR	0.50	X						0.	0.	0.
174 EDGAR G. QUINTANILLA DIRECTOR	0.50	X						0.	0.	0.
175 ANGELA M. RAGAN DIRECTOR	0.50	X						0.	0.	0.
176 FRANK T. REA DIRECTOR	0.50	X						0.	0.	0.
177 ROYCE E. READ DIRECTOR	0.50	X						0.	0.	0.
178 KEITH REEGER DIRECTOR	0.50	X						0.	0.	0.
179 AMY N. RESTIVO DIRECTOR	0.50	X						0.	0.	0.
180 OLIVIA RILEY DIRECTOR	0.50	X						0.	0.	0.
181 SUSAN S. ROBERTS DIRECTOR	0.50	X						0.	0.	0.
182 TONJA C. RODRIGUEZ DIRECTOR	0.50	X						0.	0.	0.
183 RONNIE RUDD DIRECTOR	0.50	X						0.	0.	0.
184 DONNA RUTTER DIRECTOR	0.50	X						0.	0.	0.
185 TERRI RUTTER DIRECTOR	0.50	X						0.	0.	0.
186 SUSAN V. SAMPLE DIRECTOR	0.50	X						0.	0.	0.
187 GAYLA L. SAMUELS DIRECTOR	0.50	X						0.	0.	0.
188 WILLIAM D. SCHNEIDER DIRECTOR	0.50	X						0.	0.	0.
189 DEBRA D. SEEFELD DIRECTOR	0.50	X						0.	0.	0.
190 ROBERT J. SHANKS DIRECTOR	0.50	X						0.	0.	0.
191 JOHN M. SHARBAUGH DIRECTOR	0.50	X						398,678.	0.	38,197.
192 KENNETH D. SIBLEY DIRECTOR	0.50	X						0.	0.	0.
193 BEN SIMISKEY DIRECTOR	0.50	X						0.	0.	0.

Form 990 Department of the Treasury Internal Revenue Service	Continuation Sheet for Form 990	OMB No. 1545-0047 2016

Name of the Organization	Employer Identification number
TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	75-0886417

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
194 WILLIAM H. SIMS DIRECTOR	0.50	X						0.	0.	0.
195 JAMES A. SMITH DIRECTOR	0.50	X						0.	0.	0.
196 JEANETTE P. SMITH DIRECTOR	0.50	X						0.	0.	0.
197 VIRGINIA LEE S. SNIDER DIRECTOR	0.50	X						0.	0.	0.
198 PRISCILLA A. SOTO DIRECTOR	0.50	X						0.	0.	0.
199 E. MICHAEL SPARTALIS DIRECTOR	0.50	X						0.	0.	0.
200 JERRY D. SPENCE, JR. DIRECTOR	0.50	X						0.	0.	0.
201 SUSAN J. SPILLIOS DIRECTOR	0.50	X						0.	0.	0.
202 SHELLY R. SPINKS DIRECTOR	0.50	X						0.	0.	0.
203 CASEY D. STEWART DIRECTOR	0.50	X						0.	0.	0.
204 DIANA L. SULLIVAN DIRECTOR	0.50	X						0.	0.	0.
205 SUSIE SULLIVAN DIRECTOR	0.50	X						0.	0.	0.
206 EDWARD L. SUMMERS DIRECTOR	0.50	X						0.	0.	0.
207 ROBERT J. SWEENEY DIRECTOR	0.50	X						0.	0.	0.
208 WENDI C. TABER DIRECTOR	0.50	X						0.	0.	0.
209 DONNA P. TADLOCK DIRECTOR	0.50	X						0.	0.	0.
210 DIANE TERRELL DIRECTOR	0.50	X						0.	0.	0.
211 LEI D. TESTA DIRECTOR	0.50	X						0.	0.	0.
212 ALTON D. THIELE DIRECTOR	0.50	X						0.	0.	0.
213 BARRETT & THOMAS PC DIRECTOR	0.50	X						0.	0.	0.
214 MELANIE G. THOMPSON DIRECTOR	0.50	X						0.	0.	0.

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employer Identification number: 75-0886417

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
215 FRED J. TIMMONS DIRECTOR	0.50	X						0.	0.	0.
216 RANDY L. TURNER DIRECTOR	0.50	X						0.	0.	0.
217 PAUL A. VANEK DIRECTOR	0.50	X						0.	0.	0.
218 JESSE T. VICK DIRECTOR	0.50	X						0.	0.	0.
219 STANLEY H. VOELKEL DIRECTOR	0.50	X						0.	0.	0.
220 RANDY VOGEL DIRECTOR	0.50	X						0.	0.	0.
221 MONTY W. WALKER DIRECTOR	0.50	X						0.	0.	0.
222 WILLIAM L. WANTUCK DIRECTOR	0.50	X						0.	0.	0.
223 CAROL G. WARLEY DIRECTOR	0.50	X						0.	0.	0.
224 MICHAEL E. WENSKE DIRECTOR	0.50	X						0.	0.	0.
225 DONNA H. WESLING DIRECTOR	0.50	X						0.	0.	0.
226 JEFFREY P. WEYANDT DIRECTOR	0.50	X						0.	0.	0.
227 BARRY E. WILKEN DIRECTOR	0.50	X						0.	0.	0.
228 PAUL W. WILLEY DIRECTOR	0.50	X						0.	0.	0.
229 BETTE D. WILLIAMS DIRECTOR	0.50	X						0.	0.	0.
230 GEORGE C. (CHRIS) WILLIAMS DIRECTOR	0.50	X						0.	0.	0.
231 LAURA J. WILLIAMS DIRECTOR	0.50	X						0.	0.	0.
232 VERONDA WILLIS DIRECTOR	0.50	X						0.	0.	0.
233 CLAUDE R. WILSON, JR. DIRECTOR	0.50	X						0.	0.	0.
234 PAT L. WILSON DIRECTOR	0.50	X						0.	0.	0.
235 STANLEY E. WINTERS DIRECTOR	0.50	X						0.	0.	0.

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

Name of the Organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employer Identification number: 75-0886417

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) Individual trustee or director	(C) Institutional trustee	(C) Officer	(C) Key employee	(C) Highest compensated employee	(C) Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
236 J. RAMSEY WOMACK, III DIRECTOR	0.50	X						0.	0.	0.
237 TIMOTHY G. WOOTEN DIRECTOR	0.50	X						0.	0.	0.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	75-0886417

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities')

2 Political campaign activity expenditures (see instructions) . . . . ► $

3 Volunteer hours for political campaign activities (see instructions) . . . .

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

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

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

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

4 a Was a correction made? . . . . ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter-0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	X	

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

1	Dues, assessments and similar amounts from members	1	5,514,209.
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	528,930.
b	Carryover from last year	2b	
c	Total	2c	528,930.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	620,512.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	75-0886417

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

4 Number of states where property subject to conservation easement is located ► ____________

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► $ ____________

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ► $ ____________

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

a Revenue included on Form 990, Part VIII, line 1 ► $ ____________

b Assets included in Form 990, Part X ► $ ____________

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

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

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

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

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

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

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		1,297,189.	1,006,046.	291,143.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				291,143.

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) INTERCOMPANY ACCOUNTS	127,078.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	127,078.

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

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

Complete if the organization answered 'Yes' 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	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines **2a** through **2d**			2e	
3 Subtract line **2e** from line **1**			3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines **4a** and **4b**			4c	
5 Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Employer identification number: 75-0886417

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☒ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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	**1 b**	X	
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?	**2**	X	
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. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4 b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4 c**		X
	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	**7**		
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	**8**		
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
JOHN M. SHARBAUGH	(i)	338,678.	60,000.	0.	26,500.	13,322.	438,500.	0.
1 DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN PHILLIPS	(i)	163,165.	5,136.	0.	16,830.	12,856.	197,987.	0.
2 CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVE JONES	(i)	149,363.	5,136.	0.	15,450.	12,717.	182,666.	0.
3 DIR. HR	(ii)	0.	0.	0.	0.	0.	0.	0.
JERRY CROSS	(i)	146,953.	5,148.	0.	15,210.	12,692.	180,003.	0.
4 DIR. PEER REVIEW	(ii)	0.	0.	0.	0.	0.	0.	0.
JANET OVERTON	(i)	146,587.	7,479.	0.	15,407.	12,688.	182,161.	0.
5 DIR. MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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

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

Name of the organization	Employer identification number
TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	75-0886417

Pt VI, Line 2	MEMBERS OF THE BOARD OF DIRECTORS MAY BE MARRIED TO ONE ANOTHER, HAVE A PARENT-CHILD RELATIONSHIP, OR BE SIBLINGS. ALSO, SOME DIRECTORS ARE EMPLOYEES OF CPA FIRMS IN WHICH OTHER DIRECTORS OWN A MAJORITY INTEREST.
Pt VI, Line 6	SOCIETY MEMBERS ELECT THE BOARD OF DIRECTORS. ALL MEMBERS HAVE AN EQUAL VOTE.
Pt VI, Line 7a	THEY ELECT THE BOARD. THERE IS ALSO AN AFFILIATE, NON-VOTING CLASS FOR NON-CPAs.
Pt VI, Line 11b	THE CHIEF FINANCIAL OFFICER REVIEWS A DRAFT OF THE RETURN WITH THE TREASURER, AND AS APPROPRIATE, WITH THE CPA PREPARER. THE CFO FURTHER DISCUSSES AND ISSUES THAT ARISE WITH THE APPROPRIATE BOARD MEMBER OR KEY EMPLOYEE.
Pt VI, Line 12c	EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE MUST ANNUALLY SIGN A STATEMENT THAT HE/SHE IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
Pt VI, Line 15a	THE ANNUAL PROCESS INCLUDES THE FOLLOWING STEPS: (1) THE HUMAN RESOURCES DIRECTOR (HRD) DETERMINES THE CPI INCREASES FOR THE YEAR TO SET COST OF LIVING INCREASES; (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 THE CEO PRESENT RECOMMENDED COMPENSATION TO THE COMPENSATION COMMITTEE (COMPOSED OF 5 MEMBERS, NONE OF WHOM IS COMPENSATED) WHICH APPROVES TOTAL COMPENSATION. EVERY THREE YEARS, AN INDEPENDENT CONSULTANT IS ENGAGED TO GRADE EMPLOYEE POSITIONS BASED ON JOB DESCRIPTIONS AND TO SET PAY GRADES BASED ON COMPENSATION OF COMPARABLE ENTITIES IN THE SAME GEOGRAPHICAL AREA.
Pt VI, Line 10b	TSCPAs RELIES UPON A COOPERATIVE LEADERSHIP EFFORT TO ENSURE THAT CHAPTER ACTIVITIES ARE CONSISTENT WITH ITS ACTIVITIES. TSCPAs' BOARD HAS REPRESENTATIVES FROM EACH CHAPTER.
Pt VI, Line 19	TSCPAs MAKES TAX RETURNS AND OTHER DOCUMENTS AVAILABLE UPON REQUEST, IN COMPLIANCE WITH THE TIME PERIODS SPECIFIED IN THE INTERNAL REVENUE CODE AND THE REGULATIONS.
Pt VI, Line 15b	SEE THE EXPLANATION FOR LINE 15a ABOVE.

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

Employer identification number: 75-0886417

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 CPAs CPE FOUNDATION 14651 DALLAS PARKWAY, #700 DALLAS, TX 75254 75-1558652	CONTINUING PROFESSIONAL EDUCATION FOR CPAs	TX	501(c)(3)	509(a)(2)	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 FDS 14651 DALLAS PARKWAY, #700 DALLAS, TX 75254 75-2551456	SUBSTANCE ABUSE HELP FOR CPAs	TX	501(c)(3)	509(a)(2)	N/A		
(4) See Cont. Sheet for Sch. R, Part II							

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity? Yes	No
TSCPAs PAC 14651 DALLAS PARKWAY, #700 DALLAS TX 75254 74-2026054	LOBBYING ON LEGISLATION OF INTEREST TO CPAs	TX	527	N/A	N/A		
THE ACCOUNTANCY MUSEUM OF THE TSCPAs 14651 DALLAS PARKWAY, #700 DALLAS TX 75254 75-2557538	PRESERVATION OF ACCOUNTING PROFESSION ARTIFACTS	TX	501(c)(3)		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) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(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	(i) No
(1) TEXAS SOCIETY CPAs INSURANCE TRUST 75-6447640 14651 DALLAS PKWY, STE 700 DALLAS, TX 75254	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.

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

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2016, or fiscal year beginning Jun 1, 2016, and ending May 31, 20 2017

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

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

OMB No. 1545-1878

2016

Name of exempt organization	**Employer identification number**
TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	75-0886417

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 ►	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1 b**	7,599,141.
2 a Form 990-EZ check here ►		**b Total revenue,** if any (Form 990-EZ, line 9)	**2 b**	
3 a Form 1120-POL check here ►		**b Total tax** (Form 1120-POL, line 22)	**3 b**	
4 a Form 990-PF check here ►		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4 b**	
5 a Form 8868 check here ►		**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

[X] I authorize BYRON A. PARKER, CPA (**ERO firm name**) to enter my PIN 75126 (**Enter five numbers, but do not enter all zeros**) 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 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 ► 04/12/2018

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

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

Description	Amount
STATIONERY AND PAPER--INDIRECT	455.
SUPPLIES--INDIRECT	64,196.
EQUIPMENT--INDIRECT	35,790.
PRINTING--INDIRECT	18,906.
SGUOOUBG ABD OISTAGE--INDIRECT	49,562.
MAIL PREP CHARGES--INDIRECT	9,848.
EQUIPMENT RENTAL--INDIRECT	68,422.
EQUIPMENT REPAIR AND MAINTENANCE--INDIRECT	82,918.
STATIONERY AND PAPER--COUNCIL	1,869.
EQUIPMENT AND SUPPLIES--COUNCIL	11,790.
PRINTING--COUNCIL	61,442.
PHOTOGRAPHY--COUNCIL	2,096.
SHIPPING AND POSTAGE--COUNCIL	70,478.
MAIL PREP CHARGES--COUNCIL	12,410.
Total	490,182.

Supporting Statement of:

Form 990 p 10/Line 16 col (A)

Description	Amount
UTILITIES--INDIRECT	563.
TELEPHONE--INDIRECT	47,662.
FACILITY EXPENSES--INDIRECT	318,638.
INSURANCE--INDIRECT	55,116.
PROPERTY TAXES--INDIRECT	6,118.
TELEPHONE--COUNCIL	3,172.
Total	431,269.