

NEW YORK STATE EDUCATION DEPARTMENT

Peer Review Oversight Committee
Meeting Agenda

NYS Education Department
80 Wolf Rd, Colonie, NY

Other Locations:

33 Lewis Road, Binghamton, NY 13905
45 Bryant Woods North, Amherst, NY 14228
100 Meridian Center, Suite 200, Rochester NY 14618
100 Jericho Quadrangle, Suite 342, Jericho, NY 11753

May 13, 2025

9:00 a.m. Public Session

• Review and Approval of Minutes from the February 5, 2025 meeting	Pages 2 - 3
• PROC Member Update	Pages NA
• Future PROC Meetings: <ul style="list-style-type: none">○ August 18, 2025, 9:00 a.m. – Video Conference○ November 13, 2025, 9:00 a.m. – Video Conference.	
• Annual Report - Draft	Pages 4 - 15
• AICPA Peer Review Board Open Meetings <ul style="list-style-type: none">○ February 12th○ Future Peer Review Board Open Meetings in 2025:<ul style="list-style-type: none">▪ May 14th▪ September 10th▪ November 13th	Pages 16 - 77
• NASBA Deficient Reports and Monitoring Guidance - April 2025	Pages 78 - 81
• AICPA – FSBA Peer Review Support Request	Pages 82 - 83
• Peer Review AE Oversight Reports	Pages 84 - 253
• Website Changes – FAQ #18 on change to system of quality control to system of quality management	Pages 254 - 255
• Commissioner’s Regulation – Section 70.10	Page 256
• PICPA: <ul style="list-style-type: none">○ Oversight of RAB and/or PRC○ Updated RAB and PRC meeting dates	Pages 257 - 258
• New Business	NA

10:00 a.m. Executive Session

NEW YORK STATE EDUCATION DEPARTMENT

Peer Review Oversight Committee

NYS Education Department
89 Washington Ave, Room EB211, Albany, NY

Other Locations:

410 Upland Road, Ithaca, NY 14850
33 Lewis Road, Binghamton, NY 13905
45 Bryant Woods North, Amherst, NY 14228
100 Meridian Center, Suite 200, Rochester NY 14618
1133 Westchester Avenue, 3rd Floor, White Plains, NY 10604

February 5, 2025

The following members were present:

David Iles, CPA, Chair
David Pitcher, CPA
Jesse Wheeler, CPA

Grace G. Singer, CPA, Vice Chair
Andy Neyman, CPA

Others in attendance:

Jennifer Winters, CPA, Executive Secretary, NYS Education Department
Thomas Cordell, Auditor 2, NYS Education Department

Call to Order: On a motion by Mr. Singer, seconded by Mr. Pitcher, the Committee agreed to move to public session at 9:02 a.m.

Minutes: Based on a motion made by Mr. Neyman, seconded by Mr. Pitcher, the Committee approved the November 18, 2024, meeting minutes.

PROC Member Update: The Committee had a lead on a new PROC member, but she currently serves on PICPA's PRC/RAB. She will consider joining the PROC after her term ends. Mr. Wheeler, Iles and Pitcher will circle back on the lead. Ms. Singer notified the Committee she will be retiring from her current firm on June 30th and joining another CPA firm in August. However, she plans on staying on the PROC. Ms. Singer will solicit interest from quality control members from her current firm, Citrin Cooperman & Company LLP.

Ms. Winters informed the PROC members that they will be receiving an email from NYSED Human Resources to complete ethics training in 2025.

Future Committee Meetings:

- May 13, 2025, 10:00 a.m. - 80 Wolf Rd, Albany, NY
- August 18, 2025, 9:00 a.m. – Video Conference
- November 17, 2025, 9:00 a.m. – Video Conference.

AICPA Peer Review Board Open Meetings:

Due to the staff typically receiving the AICPA meeting agenda and materials a week prior to the Open Meeting on May 14th, the agenda and materials will likely be an additional handout to the May 13th PROC meeting.

Future AICPA Peer Review Committee Open Meetings: Ms. Winters and Mr. Cordell will attend the meetings in 2025: February 12th, May 14th, September 10th, and November 13th.

Administering Entity Report Acceptance Body and Peer Review Committee Oversight:

The packet included the general guidelines to consider when the PROC members oversight the RAB and PRC. It was posted on SharePoint under reference materials.

RAB and PRC Meetings Oversight of PICPA:

Ms. Singer attended the January 16th PRC meeting. It was very well organized and noted the committee got through their agenda in under an hour. They went over oversight and several engagements. She noted they were right on top of all their numbers for the plan of administration report and were approximately three-quarters done with report that is due in May.

Mr. Pitcher was unable to attend any RAB meetings but plans to after busy season.

Mr. Wheeler attended a RAB meeting on December 10th and reported it was very well organized and effectively run. There were not a lot of problem engagements, and the meeting went very fast.

Ms. Winters will get a new list for PROC members with the dates of the rest of the year's meeting dates and post it in Sharepoint.

Proposed Website Changes:

Included in the packet the Committee discussed the proposed changes related to the AICPA change from a system of quality control to a system of quality management. The FAQ is intended to be posted before any regulation changes for early adopting firms. A few minor edits to the FAQ were suggested.

New Business: Related to the proposed website changes above, Ms. Winters noted that the Commissioner's regulation Section 70.10.h pertaining to the effective of substandard reviews compels us to do a regulation change as it references a system of quality control. Over the next couple of months, we be putting forward this regulation change. This should include the 12/15/2025 effective date to enable the Board and PROC to still refer firms to OPD.

Public Session: On a motion by Ms. Singer and seconded by Mr. Pitcher, the Committee voted in favor of adjourning the public session at 9:48 a.m.

Executive Session: On a motion by Mr. Neyman and seconded by Ms. Singer, the Committee voted to enter executive session at 9:55 a.m.

On a motion by Ms. Singer and seconded by Mr. Wheeler, the Committee unanimously agreed to close executive session and end the meeting at 10:56 a.m.

Respectfully submitted,

Jennifer Winters, CPA
Executive Secretary

2024

NEW YORK STATE

PEER REVIEW OVERSIGHT COMMITTEE

ANNUAL REPORT

2024

Table of Contents

I.	Message from the Committee	2
II.	Background	3
III.	PROC Regulatory Authority and Responsibilities	4
IV.	PROC Recognized Peer Review Program Providers	6
V.	Committee Members and Staff	7
VI.	Statistics	8
VII.	Meetings, Accomplishments and Advocacy Efforts	9
VIII.	Recommendations	11
IX.	Conclusions	11

DRAFT

I. Message from the Committee

The timing of this year's report covers the time period January 1, 2024 to December 31, 2024. The Pennsylvania Institute of CPAs (PICPA), the administering entity (AE) for most New York firms, continued remote operations for most of the year. PICPA continued its policy of providing limited information as part of adhering to Chapter 3 of the AICPA Peer Review Standards. Peer Review Oversight Committee (PROC) staff continued to find sources of information to allow the PROC to continue to monitor firms.

As reported in the 2021 and 2022 reports, the changes to the Commissioner's Regulations and the Board of Regents Rules were adopted by the Regents, which allowed the PROC to make significantly more referrals to the Office of Professional Discipline throughout 2023. These changes have provided the PROC with additional tools to improve firm compliance with the Mandatory Peer Review Program.

The Peer Review Integrated Management Program (PRIMA) data and utilization issues continued, and as a result, posted information by AEs is not timely, and in some cases inaccurate. PROC staff continue to submit "tickets" to the AICPA and PICPA to correct information in PRIMA.

During 2023, with recent rules and regulations, the PROC continued to monitor the administering entity (PICPA), other AEs, and firms to continue to improve the quality of assurance services in New York State.

Commented [JW1]: Needs new PROC message

II. Background

In 2009, the NYS Legislature passed significant changes to laws that regulate Public Accounting in New York. The legislature required the implementation of the Mandatory Quality Review Program (MQRP). The program became effective for firms registering on or after January 1, 2012. Firms in the MQRP are required to undergo a peer review once every three years as a condition of their firm registration renewal. The purpose of the MQRP is to promote quality in the attest services provided by CPAs. The 2009 law required firms with three or more CPAs, providing attest services, to participate in the MQRP.

In the fall of 2017, the NYS Legislature revised the MQRP law. The new legislation repealed the small firm exemption and, therefore, all firms that provide attest services are required to participate in the peer review program. The changes to the law also included a name change of the program from the Mandatory Quality Review Program to "Mandatory Peer Review Program" (MPRP) and the committee from the Quality Review Oversight Committee to the Peer Review Oversight Committee (PROC).

The New York State definition of attest is in the Education Law as follows:

"Attest" means providing the following public accountancy services which all require the independence of licensees:

- a. any audit to be performed in accordance with generally accepted auditing standards or other similar standards, developed by a federal governmental agency, commission or board or a recognized international or national professional accountancy organization, that are acceptable to the department in accordance with the commissioner's regulations;
- b. any review of a financial statement to be performed in accordance with standards, developed by a federal governmental agency, commission or board or a recognized international or national professional accountancy organization, that are acceptable to the department in accordance with the commissioner's regulations;
- c. any examination to be performed in accordance with attestation standards developed by a federal governmental agency, commission or board or a recognized international or national professional accountancy organization, that are acceptable to the department in accordance with the commissioner's regulations; or
- d. any engagement to be performed in accordance with the auditing standards of the public company accounting oversight board.

III. PROC Regulatory Authority and Responsibilities

The PROC derives its regulatory authority from Section 70.10 of the Regulations of the Commissioner (Regulations). In November 2021 the Regulations were permanently amended by the Board of Regents. The purpose of the PROC includes approving and monitoring the Sponsoring Organization, informing, and reporting matters concerning peer review to the Department, assessing, and reporting on the effectiveness of the program, and reviewing individual peer review reports for compliance. Following the amendments to the Regulations, the PROC has the responsibility to:

- receive and approve administration plans from entities applying to be sponsoring organizations;
- monitor sponsoring organizations to provide reasonable assurance that the sponsoring organization is conducting the peer review program in accordance with the peer review standards;
- inform the Department of any issues and/or problems relating to the peer review program which may require the Department's intervention;
- annually report to the Department as to whether each sponsoring organization meets the standards necessary to continue as an approved sponsoring organization;
- annually assess the effectiveness of the peer review program;
- annually report to the Department on any recommended modifications to the peer review program;
- review each peer review report submitted by a firm, as part of its registration or renewal of its registration, to determine whether the firm is complying with applicable professional standards.
- where applicable, the PROC may refer firms that are not in compliance with applicable standards to the Office of Professional Discipline pursuant to Education Law section 6510; and
- ensure that any documents received from a firm or reviewer remain confidential and not constitute a public record, unless such document is admitted into evidence in a hearing held by the Department.

Additionally, a new subdivision (j) of the Board of Regents Rules Part 29, Unprofessional Conduct, Section 29.10, Special Provisions for the Profession for Public Accountancy (Rules) was adopted as it relates to the Mandatory Peer Review Program.

The Rules define unprofessional conduct as follows:

- failure to cooperate with the peer review process;
- making a false, fraudulent, misleading or deceptive statement, as part of, or in support of, a firm's peer review reporting;
- a firm's termination or expulsion from the peer review program;
- failure of a firm and its licensees to follow the peer review process and complete any remedial actions required;
- failure of a firm to provide access to its peer review information, as required by subdivision (j) of section 70.10 of the Regulations of the Commissioner.

IV. PROC Recognized Peer Review Program Providers

The American Institute of Certified Public Accountants (AICPA) is currently the only Peer Review Program Provider (sponsoring organization) that is acceptable to the PROC. The PROC accepts all AICPA approved organizations (administering entities) that are authorized to administer the AICPA Peer Review Program. The AICPA's Peer Review Board (PRB) is responsible for maintaining, furthering, and governing the activities of the AICPA's Peer Review Program, including the issuance of peer review standards, and peer review guidance. The Peer Review Program provides for a triennial review of a firm's accounting and auditing practice. The review is performed by a peer reviewer who is unaffiliated with the firm being reviewed. The goal of the program is to monitor and enhance quality, and conformity with professional standards.

There are two types of peer reviews. System reviews are designed for firms that perform audits or other attest engagements. Engagement reviews are for firms that do not perform audits but perform other engagements such as compilations and/or reviews. Firms can receive a rating of pass, pass with deficiency, or fail. Firms that receive ratings of pass with deficiency or fail must perform corrective actions.

Entities that are currently acceptable to administer the peer review program in New York State are:

- Pennsylvania Institute of CPAs (PICPA) – As of March 15, 2018, PICPA administers the AICPA Peer Review Program for the majority of New York firms. Prior to this date, the New York State Society of CPAs (NYSSCPA) administered the peer review program for most NY firms. As the administering entity, PICPA is responsible for ensuring that peer reviews are performed in accordance with the AICPA's Standards. The PICPA Peer Review Committee (PRC) monitors the administration, acceptance, and completion of peer reviews.
- National Peer Review Committee (NPRC) -The AICPA also administers a peer review program through the National Peer Review Committee for firms required to be registered with and/or inspected by the Public Company Accounting Oversight Board (PCAOB) or perform audits of non-Securities and Exchange Commission (SEC) issuers pursuant to the standards of the PCAOB.
- Other State Societies and Organizations - New York registered accountancy firms are allowed to have their peer review administered by an AICPA approved administering entity in another state. The AICPA maintains the listing of the administering entities assigned to each state.

V. Committee Members and Staff

The PROC consists of six members who are appointed by the NYS Board of Regents for five-year terms and may serve up to two terms. At least five members must be licensed CPAs and the sixth member may be a public member or a licensed CPA. Additionally, PROC members cannot be members of the State Board for Public Accountancy or one of its committees. Licensed members must be certified public accountants licensed in New York State and hold current registrations with the Department. If a public member is appointed to the PROC, the person must have received or used the services provided by CPAs.

During 2024 we had several member changes with two unexpected resignations. Mr. Venezia the Chair resigned before the end of his five-year term in February. Mr. Mertz also resigned from the Committee in August. Mr. Iles assumed the role of the Chair after Mr. Venezia resigned and Ms. Singer became the Vice Chair. In late 2024, the Committee welcomed Mr. Wheeler as a new member. There was one vacancy at year end. The members at the close of 2024 are noted below.

<u>Member Name:</u>	<u>Member Term:</u>
David Iles, CPA Chair	Oct 1, 2020 – Sep 30, 2025 (Second term)
Andrew Neyman, CPA	May 1, 2023 – Apr 30, 2028 (First term)
David Pitcher, CPA	Dec 1, 2024 – Nov 30, 2029 (Second term)
Grace Singer, CPA Vice Chair	Feb 1, 2024 – Jan 31, 2029 (Second term)
Jesse Wheeler, CPA	Aug 1, 2024 – Jul 31, 2029 (First term)

Staff of the PROC – The PROC has three staff members, the Executive Secretary and Auditor 1 and 2 who support its efforts in effectively carrying out its duties and responsibilities. The Executive Secretary, Jennifer Winters, is the lead staff liaison for the members. The Auditor 2 position was filled with Thomas Cordell in August 2019. The Auditor 1, Philip Jesmonth, has been in the position since November 2015.

The volunteer members of the PROC rely on the support of the staff to conduct its meetings and handle routine firm matters related to peer review. The staff review the firms' annual statement on peer review compliance, compiles the information on the firms that are monitored, and communicate outstanding matters with the firms on behalf of the volunteer PROC members.

VI. Statistics: This year's report includes the calendar year, note the timing of the reported data for prior years*. The following statistics were obtained from the PRIMA system.

	Jan 1, 2021 to Dec 31, 2021				Jan 1, 2022 to Dec 31, 2022				Jan 1, 2023 to Dec 31, 2023				Jan 1, 2024 to Dec 31, 2024			
	PICPA		NPRC		PICPA		NPRC		PICPA		NPRC		PICPA		NPRC	
<u>System Reviews</u>																
Pass	196	75%	36	95%	143	63%	19	76%	157	69%	20	87%	168	76%	28	97%
Pass with deficiencies	45	17%	2	5%	46	20%	2	8%	38	17%	2	9%	26	12%	1	3%
Fail	20	8%	0	0%	39	17%	4	16%	33	14%	1	4%	26	12%	0	0%
Subtotal – System	261		38		228		25		228		23		220		29	
<u>Engagement Reviews</u>																
Pass	162	88%			137	85%			110	84%			113	84%		
Pass with deficiencies	13	7%			17	11%			12	9%			17	12%		
Fail	9	5%			7	4%			9	7%			5	4%		
Subtotal – Engagement	184				161				131				135			
Total System & Engagement	483				414				382				384			

VII. Meetings, Accomplishments and Advocacy Efforts

Following are the meetings, accomplishments, and advocacy efforts in 2024.

a. Committee Meetings - The PROC holds meetings to conduct business and report to the Department regarding the effectiveness of the Mandatory Peer Review Program. Minutes from the meeting are available on the Department's website.

Commented [JW2]: Review all lettering after all items are completed

The PROC has held the following meetings in 2024:

- February 8th
- May 14th
- August 13th
- November 18th

b. In October 2024, the Executive Secretary, on behalf of the Chair, presented the 2023 PROC Annual Report to the State Board for Public Accountancy at their Board meeting. Additionally, in 2024, the annual reports for the past three years were publicly posted to the Department's website on the Mandatory Peer Review section.

c. Oversight Reports from the AICPA on the Administering Entities (AE) - The Committee reviewed the AICPA Oversight Reports on the Administering Entities.

Commented [JW3]: Strike out - did not do in 2024.

Should this be replaced with the ASB findings on peer review surveys from May meeting?

d. Oversight of the Peer Review Committee (PRC) and Report Acceptance Body (RAB) of PICPA - To continue the Committee's monitoring of the sponsoring organization, committee members Neyman and Wheeler attended a RAB on October 24th and December 10th, respectively.

The PROC members who attended these meetings unanimously agreed the program is run by dedicated professionals in accordance with the AICPA standards. Based on the report from the members who attended the meetings, the PROC agreed that the PRC is well informed and engaged in the process and the RAB meetings are organized and well run. The conclusion regarding the PRC oversight by the PROC members was that the peer review program was administered in accordance with the AICPA standards.

Commented [JW4]: Modify as RAB only meetings were monitored

e. Guidance – In 2024, the PROC made recommendations to the Department to modify the Frequently Asked Questions on the website for additional clarity and guidance on the Mandatory Peer Review Program related to the change in system of quality control to the system of management control. It also included the PCAOB's continuation of a system of quality control.

f. PCAOB - At the February meeting the Committee reviewed and discussed the PCAOB's report on a Firm's System of Quality Control and other Amendments to PCAOB Standards, Rules, and Forms. At the May meeting the Committee briefly reviewed the PCAOB annual report.

Commented [JW5]: Delete. I don't think we have any PCAOB items this year.

Should this be replaced with Jennifer's presentation at NASBA to the executive directors conference in March 2024?

g. AICPA Peer Review Board (PRB) Open Meetings - The PROC monitors the AICPA's PRB's public sessions throughout the year. PROC members and staff attend these meetings via teleconference and report back to the full PROC. The sessions are informative and allow for an exchange of ideas and practices across state lines. The following PRB meetings were attended in 2024:

- February 7th
- May 15th
- November 4th

Committee members Iles, Pitcher, and Singer attended the AICPA Peer Review Conference in August 2024. At the Committee's November meeting they provided a recap of the conference.

h. Monitoring of Firms in Peer Review - The PROC monitors firms throughout the remediation phase of their peer review, where applicable. Firms are informed by letter that the PROC is monitoring their remediation progress and are required to acknowledge receipt of the letter. Remediation is considered complete when the peer review is accepted as complete by the respective Peer Review Committee. The PROC also monitors the firms that have dropped out of the program and those that are terminated by the program. The determination to monitor, continue to monitor, or remove from monitoring is done at the PROC meetings in executive session.

System and Engagement Reviews that have a rating of fail or pass with deficiencies are monitored by the PROC. During 2024, the PROC has monitored 194 firms, including firms that have been carried over from the prior year. During this time, 135 of these firms had their peer reviews accepted as complete, while 59 firms are still being actively monitored.

i. In 2023 it was noted, as part of the changes to the regulations previously mentioned, the PROC has increased the number of referrals to the Office of Professional Discipline and this continued throughout 2024.

j. In continuing efforts with documented procedures, the Committee finalized the PROC monitoring and review procedures that was started in 2023. The document was added to the members only resources pages on their Sharepoint site.

k. The Committee reviewed a compiled report on overdue firms and the statistics for the length of time the firms are taking to complete the peer reviews.

VIII. Recommendations

The PROC recommends that the Department continue its monitoring effort of the Mandatory Peer Review Program.

Commented [JW6]: Does this need to be updated?

IX. Conclusions

Based on its oversight activities, the PROC concluded that the Pennsylvania Institute of Certified Public Accountants has been an effective administrator as it performs the majority of the peer reviews of New York public accountancy firms that are subject to the Mandatory Peer Review Program's (MPRP). The PROC has established a monitoring and oversight role utilizing the Facilitated State Board Access system; however, the AICPA's Chapter 3 of the AICPA Peer Review Standards continue to impede our monitoring and oversight efforts. The lack of cooperation and transparency by the AICPA makes it difficult to obtain timely information about the status of a firm's peer review during our monitoring efforts. This is especially true when a firm is not in compliance with the three-year peer review cycle that is required of the MPRP in the New York State Education Law. The PROC continues to express concern with the transparency issues that continue to impede our mission to protect the public interest in New York State.

Commented [JW7]: Does this need to be updated?



Peer Review
Program

Peer Review Board Open Session Materials

February 12, 2025

Virtual Meeting

**AICPA Peer Review Board
Open Session Agenda
Wednesday February 12, 2025
Teleconference**

Date: Wednesday February 12, 2025

Time: 1:00PM – 3:00PM Eastern Time

- 1.1 Welcome Attendees and Roll Call of Board** – Mr. Kindem/Mr. Fawley
- 1.2 Update on Quality Management Survey* - Mr. Freundlich
- 1.3 Discussion of Proposed Changes to the Financial Reporting and Disclosure Checklist* - Ms.Chesser/Mr. Kindem
- 1.4 Assessment of the Peer Review Information Form* - Mr. Kindem
- 1.5 Task Force Updates*
 - Standards Task Force Report – Ms. Chesser
 - Oversight Task Force Report – Ms. Meyer
 - Education and Communication Task Force Report – Ms. Brenner
- 1.6 Other Reports*
 - Operations Director's Report – Ms. Thoresen
 - Report from State CPA Society CEOs – Ms. Hay
 - Update on National Peer Review Committee – Ms. Gantnier
- 1.7 Other Business** - Mr. Fawley
- 1.8 For Informational Purposes*:
 - A. Report on Firms Whose Enrollment was Dropped or Terminated
 - B. Compliance Update - Firm Noncooperation
- 1.9 Future Open Session Meetings**
 - A. May 14, 2025 – Teleconference
 - B. September 10, 2025 – Teleconference
 - C. November 13, 2025 - Teleconference

* Included on SharePoint

** Verbal Discussion

*** Will be provided at a later date

Agenda Item 1.2

Update on Quality Management (QM) Survey

Background

As a follow-up to the discussion held at the November PRB meeting, Staff wanted to provide PRB members on update on results and other takeaways from the survey conducted last fall as it relates to firm preparedness for the new QM standards.

As a reminder, the survey was conducted by the Peer Review team to gain an understanding of:

- the status of firms' implementation of the new QM standards,
- AICPA resources that have been utilized in the firm's journey to adopt QM,
- The usefulness of AICPA resources utilized in this process, and
- What, if any, additional resources would be helpful.

Other relevant details include:

- All enrolled firms with 1-399 CPAs (18,001 firms) were surveyed,
 - Firms were from lists supplied by the Peer Review team as of Oct. 11, 2024.
- Survey was emailed to each firm's "peer review contact".
 - This is generally the firm's partner responsible for the firm's QM system).
- The overall response rate was 24%.
 - The initial request was sent November 6, with reminders on November 21 and December 4. Responses were due by EOD Dec. 6.

Takeaways from the survey results include that:

- Firm awareness/readiness is in line with expectations but work remains for firms to implement by the due date of December 15th.
- Most firms believe they will be ready by the due date (with approx. 88% of firms responding to the question).
- Firms found AICPA resources helpful and provided input on potential additional resources to support their implementation.
 - Top two requests were live webcasts with expert SMEs and virtual workshops. Both will begin monthly starting March 2025.

More detailed survey results are included in agenda item 1.2A, while agenda item 1.2B contains a listing of resources recently issued or being developed in the near term.

Board Considerations:

Staff requests that PRB members provide feedback or commentary on how the survey results should impact peer review related activities related to QM.

Detailed Survey Results**Agenda Item 1.2A**

Firm Size	Number of Responses
1 (Sole Practitioner)	1,592
2-10	2,079
11-49	325
50-99	54
100-399	22
Unsure	5
Total	4,077

Firm Likelihood to Comply by Due Date	Number of Responses
Extremely Likely	859
Very Likely	777
Moderately Likely	347
Somewhat Likely	364
Not Likely	152
Do Not Know	176
Total	2,675

Notes:

- Approximately 88% of those firms responding to the likelihood question say they are likely to comply on time
- Number of responses do not agree due to incomplete survey responses (dropouts) or questions not answered from response tabulations.

QM Implementation Resources and Support

Agenda Item 1.2B

Q4 2024 - 2025 resources and awareness efforts (non-learning)

Recent

- New, streamlined [QM webpage](#) (A Journey to Quality Management) and updated content launched Nov. 2024
- JofA article on [resources to implement SQMS No. 1](#) (Nov.)
- JofA article on [how QM may affect peer reviews](#) (Dec.)
- JofA article on [Engagement Quality Reviews](#) (SQMS No. 2) (Dec.)
- A&A Focus with Michael Brand presenting and addressing questions – Jan. 8 (plus other A&A Focus and Town Hall presentations)
- New Peer Review standard to align peer review standards with QM (campaign Nov.-Dec.)
- Peer Review survey on QM regarding readiness and resources (Nov.-Dec.)

Upcoming – near term

- New chapter on monitoring procedures to be added to existing practice aid (March release)
- Peer review toolkit/materials and communications to peer reviewers and enrolled firms (May launch)

Ongoing

- State society and state board communications, including presentations to state societies.
- State societies deploying resources to participate in the QM initiative to support firms.
- Social media monitoring and media relations (proactive and reactive)

2025 Learning (Webcasts/Self-Study Offerings)

Current 4-part webcast series:

- Rebroadcasts with live moderators.
- Focuses on main aspects of SQMS No. 1 with risk assessment topic being more application-oriented and 2 hours. All others are 1 hour.
- Broadcasts in Jan., Feb., April, July, and Sept. State societies can offer the webcasts.

Self-Study Course (based on current webcasts) and M&R webcast:

- Exploring updates to SSO and webcast for new Monitoring & Remediation content.

NEW:

- Monthly live web events scheduled for March through November.
- Five 2-hour workshops and four 1-hour lightning rounds (Q&A focused).
- Workshops focus on a topic, and the following month's lightning round builds on that topic.
- Each lightning round is 1 free CPE credit for AICPA members; non-members may purchase.

Agenda Item 1.3

Discussion of Proposed Changes to the Financial Reporting and Disclosure Checklist

Why is this on the Agenda?

At its two most recent meetings (in November 2024 and January 2025), Standards Task Force (STF) members expressed a preference for a revamped financial reporting and disclosure (FR&D) checklist (PRP Section 22,300) that places more emphasis on the firm's or reviewer's third-party FR&D checklist and less on a Staff developed checklist.

This conclusion was in response to a request from Staff for the task force to discuss whether the peer review version of the checklist (agenda item 1.3B) placed too much emphasis on certain requirements or disclosures and not enough on others.

Agenda item 1.3A contains a preliminary (i.e. in addition to any content changes, significant formatting changes would also occur) draft of what this checklist could look like for Board consideration. While not shown, any final version of the checklist will include a "A Summary of No Answers" similar to what is included in the current FR&D checklist.

At this stage, the task force believes limiting revisions to the FR&D checklist is appropriate before considering modifying similar sections in other industry specific checklists (e.g. EBP).

Feedback Received

Feedback, including from members of the AICPA A&A – Technical Services team (the team that staffs PCPS and its Technical Issues Committee, TIC), suggests that a significant amount of MFC forms related to FR&D checklist questions have resulted when the questions list specific disclosure requirements versus questions that are presented more generally.

This feedback contends that certain questions/sections in the current checklist are unnecessarily specific while others are too general and there is confusion as to why some financial reporting and disclosure requirements are not included in the checklist at all.

Communications Plan

A reviewer alert will call attention to any change to the manual as part of any manual update.

Manual Production Cycle (estimated)

Based on feedback from the STF, Staff is aiming to have a revised FR&D checklist as part of the spring 2025 manual update.

Effective Date

A revised checklist would be effective for peer reviews commencing after the date of publication, such as May or June 1st.

Task Force Consideration

Staff is requesting the Board provide feedback on the following:

- The proposal to revamp the FR&D checklist as described above.
- The content of the revised preliminary draft included in agenda item 3A.

Agenda Item 1.3A**Sample Financial Reporting and Disclosure Checklist****System Reviews**

- 1) Did the engagement team comply with the relevant quality control policies and procedures related to the engagement performance, such as complete a comprehensive, up to date financial reporting and disclosure checklist, for the selected engagement?

Yes No N/A

- 2) If yes, are the firm's quality control materials, such as a checklist, completed appropriately? For example, if the firm's checklist states a disclosure was not made, is the firm's rationale for not making the disclosure documented?

Yes No N/A

- 3) If no, are you able to use your own firm's checklist to complete items 5 & 6. (i.e. assess the financial statements of the engagement selected)? If no, please contact AICPA Staff.

Yes No N/A

Engagement Reviews

- 4) Are you able to use your own firm's checklist to complete items 5 & 6 (i.e. assess the financial statements of the engagement selected)? If no, please contact AICPA Staff.

Yes No N/A

All Reviews

- 5) Based on:
- a. your reading of the financial statements and related disclosures and
 - b. your understanding of the firm's client,
- indicate which focus areas (listed below) were reviewed in detail by completing the relevant questions in item 6.

It is recommended that review teams select at least between 2 to 4 focus areas. A reviewer may select more focus areas, if necessary, with the number of selections based on the risk associated with the engagement.

- 6) For each selected focus area, was the accountant appropriate and the disclosure adequate?

<u>Focus Areas</u>	Yes	No	N/A
A. Cash			
B. Accounts and Notes Receivable			
C. Inventories			
D. Property and Equipment			
E. Current Liabilities			
F. Notes Payable and Other Debt			
G. Shareholders' Equity			
H. Revenue from Contracts with Customers			
I. Other Revenue and Expense Items			
J. Income Taxes			
K. Statement of Cash Flows			
L. Leases			
M. Financial Instruments and Derivatives			
N. Fair Value Measurements			
O. Investments			
P. Intangible Assets and Goodwill			
Q. Consolidated Financial Statements			
R. Variable Interest Entities			
S. Comprehensive Income			
T. Going Concern			
U. Industry Specific Items (e.g. Not-for-Profit, Healthcare, CIRA)			
V. Other (Please Specify)			

PRP Section 22,300

Financial Reporting and Disclosure Checklist

ENGAGEMENT PROFILE

Review No. _____

Engagement Code No. _____

- ☐ An audit engagement (Reviewers should complete PRP section 20,400, *General Audit Engagement Checklist*)
- ☐ A review engagement (Reviewers should complete PRP section 20,300, *General Review Engagement Checklist*)
- ☐ A preparation engagement (Reviewers should complete PRP section 20,250, *General Preparation Engagement Checklist*)
- ☐ A compilation engagement (Reviewers should complete PRP section 20,200, *General Compilation Engagement Checklist*)

Date Engagement
Review Performed _____

Reviewer Signature _____

Date Checklist Reviewed
by Team Captain _____

Team Captain Signature _____

Instructions for Use of This Checklist

.01 This checklist was developed for peer reviewers to supplement the general audit, and also the general review, compilation and preparation checklists for full disclosure engagements. It is to be used in conjunction with other appropriate guidance when performing peer reviews according to the AICPA Standards for Performing and Reporting on Peer Reviews, Effective for Peer Reviews Commencing on or After May 1, 2022 (the standards). Reviewers may wish to refer to relevant requirements and application and other explanatory material in the following PR-C sections of the standards:

- a. Section 100, *Concepts Common to All Peer Reviews*
- b. Section 200, *General Principles and Responsibilities for Reviewers*
- c. Section 210, *General Principles and Responsibilities for Reviewers — System Reviews*
- d. Section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*

.02 Completion of this checklist is required by the standards in paragraph .38 of section 210 and paragraph .17. of section 220 to determine whether

- a. the financial statements are fairly presented in accordance with generally accepted accounting principles (GAAP) in all material respects (or when applicable, with a special purpose framework) and
- b. the firm has performed and reported on the engagement in accordance with the requirements of the applicable professional standards in all material respects.

.03 Reviewers are expected to read and understand the instructions throughout this checklist. This checklist is highly summarized, and it is expected that all audit areas will be evaluated. Reviewers may wish to consult the professional standards cited for detailed information about the requirements. If there is insufficient space to fully describe any matters, additional information may be attached to this checklist.

.04 **Bullet points are generally batched into one question on this checklist. Each bullet point is to be considered separately, and in the aggregate, when concluding whether the requirement of professional standards was met in all material respects.** Thoroughly explain all “No” answers in part III, “Explanation of “No” Answers and Other Comments.”

Guidance

.05 This checklist has been updated considering guidance issued up to and including the following publications, as applicable:

- FASB Accounting Standards Update (ASU) No. 2022-04, *Liabilities — Supplier Finance Programs (Subtopic 405-50): Disclosure of Supplier Finance Program Obligations*

.06 Other standards that have been issued but are yet not effective may allow for early implementation. While this checklist will not have been updated for those standards peer reviewers are still responsible for the evaluation of the reviewed firm’s application of those standards if the firm has elected to early implement.

Other Resources

.07 Additionally, reviewers may wish to consult nonauthoritative guidance, particularly for new or emerging industries or topics. For example, certain engagements may have material financial reporting and disclosure considerations for digital assets, a topic for which there are not authoritative accounting or disclosure standards. The AICPA has published a practice aid titled *Accounting for and Auditing of Digital Assets* that may be a helpful resource to reviewers that have selected engagements where the entity under audit has material holdings, transactions, or involvement in the digital assets ecosystem requiring accounting and disclosure in financial statements.

.08 The practice aid is updated regularly to address the application of accounting and auditing standards to the digital assets ecosystem. Reviewers are encouraged to consult the latest version of the practice aid to supplement peer reviews of relevant engagements.

Explanation of References:

.09

- ASC FASB *Accounting Standards Codification*
- AU-C Reference to section number for clarified SASs in *AICPA Professional Standards*
- FASB Financial Accounting Standards Board

Questions

.10 Questions regarding this checklist, other peer review materials, or the peer review in general may be directed to the administering entity (AE) or AICPA peer review staff at 919.402.4502.

Financial Reporting and Disclosure Checklist

Contents

<i>Section</i>	<i>Page</i>
<i>Part I—This Section of the Checklist Should Be Completed for all Financial Statements</i>	
I. General	
II. Balance Sheet	
General	22,306
Cash	22,306
Accounts and Notes Receivable	22,306
Inventories	22,306
Property and Equipment	22,307
Other Assets	22,307
Current Liabilities	22,307
Notes Payable and Other Debt	22,307
Shareholders' Equity	22,308
III. Income Statement	
Revenue from Contracts with Customers	22,309
Other Revenue and Expense Items	22,310
Income Taxes	22,311
Other Income Statement Items	22,311
IV. Statement of Cash Flows	
V. Listing of Other Financial Statement Disclosures	
<i>Part II—Complete All Sections That Apply</i>	
I. Financial Statement Disclosures	
Leases Under FASB ASC 840	22,315
Leases Under FASB ASC 842 — When the entity is the <i>Lessee</i>	22,315
Leases Under FASB ASC 842 — When the entity is the <i>Lessor</i>	22,317
Financial Instruments and Derivatives	22,319
Fair Value Measurements	22,319
Investments Accounted for by the Equity Method	22,321
Certain Investments in Debt and Equity Securities	22,322
Financial Instruments With Characteristics of Debt and Equity	22,323
Intangible Assets and Goodwill	22,323
Pensions and Other Postemployment Benefits	22,323
Issuers of Guarantees, Including Product Warranties	22,324
Consolidated Financial Statements	22,324
Variable Interest Entities	22,324
Comprehensive Income	22,325
Compensatory Stock Issuance Plans	22,326
Deferred Compensation Agreements	22,326
Unrecognized Tax Benefits	22,326
Foreign Operations	22,326
Nonmonetary Transactions	22,327
Voluntary Change in Accounting Principle	22,327
Going Concern	22,327
<i>Part III—Explanation of “No” Answers and Other Comments</i>	

Part I—This Section of the Checklist Should Be Completed for all Financial Statements**I. GENERAL**

	<u>Ques.</u>	<u>N/A¹</u>	<u>Yes</u>	<u>No²</u>	<u>Ref.</u>
For a full presentation in conformity with generally accepted accounting principles (GAAP), or when using a special purpose framework (SPF), are the following required financial statements presented? (For GAAP Statements, refer to FASB ASC 205-10-45-1; for SPF statements, refer to the requirements of the SPF)	FD101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Balance sheet • Income statement • Retained earnings or changes in shareholders' equity statement, if applicable • Cash flow statement • Description of accounting policies • Notes to financial statements • Comprehensive income 					
Is the accounting appropriate and are the disclosures adequate regarding					
<ul style="list-style-type: none"> • valuation allowances? [Paragraphs 7–11 of FASB ASC 310-10-35; FASB ASC 310-10-45-4; FASB ASC 310-10-50-14] 	FD102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • transactions with related parties? [FASB ASC 850-10] 	FD103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • the adjustment to the financial statements, where appropriate, for the effect of subsequent events and do the financial statements include disclosure of significant subsequent events, whether or not adjustments were made? [FASB ASC 855-10; AU-C 560] 	FD104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • required disclosures about risks and uncertainties made regarding the nature of operations, the use of estimates, certain significant estimates, and current vulnerabilities due to certain concentrations? [FASB ASC 275-10-50] 	FD105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • the date through which subsequent events have been evaluated, whether the date is the date the financial statements were issued or the date the financial statements were available to be issued? [FASB ASC 855-10-50-1] 	FD106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • significant accounting policies? [FASB ASC 235-10-50-1] 	FD107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • accounting changes? [FASB ASC 250, <i>Accounting Changes and Error Corrections</i>] 	FD108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • comparative financial statements? [FASB ASC 205-10-45; FASB ASC 205-10-50; FASB ASC 250-10-45-24] 	FD109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • business combinations? [FASB ASC 805, <i>Business Combinations</i>] 	FD110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

¹ The "N/A" column should be used when the item either does not exist or is not material. As it relates to materiality from the perspective of financial statements, FASB Concepts Statement No. 8 states "[t]he omission or misstatement of an item in a financial report is material if, in the light of surrounding circumstances, the magnitude of the item is such that it is probable that the judgment of a reasonable person relying upon the report would have been changed or influenced by the inclusion or correction of the item."

² All "No" answers should be handled in either of the following ways: (1) discussed on a Matter for Further Consideration (MFC) form with the MFC form number noted in the "Ref." column or (2) discussed on the appropriate pages provided at the end of this checklist if no MFC form was generated.

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
Is the accounting appropriate and are the disclosures adequate for the requirements found in FASB ASC 326 (effective for fiscal years beginning after December 15, 2022, including interim periods within those fiscal years) related to credit losses on financial instruments?	FD111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
For entities or firms who have applied FASB ASU No. 2017-04, <i>Intangibles — Goodwill and Other (Topic 350): Simplifying the Test for Goodwill Impairment</i> , for interim or annual goodwill impairment tests performed on testing dates after January 1, 2017, is the accounting appropriate and are the disclosures adequate for the transitional requirements found in FASB ASC 350-20-65-3?	FD112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

II. BALANCE SHEET

	<u>Ques.</u>	<u>N/A</u> ³	<u>Yes</u>	<u>No</u> ⁴	<u>Ref.</u>
General					
Is the accounting appropriate and are the disclosures adequate regarding segregation of assets and liabilities, if applicable, into current and noncurrent classifications? [FASB ASC 210-10-45]	FD201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are related assets and liabilities offset in the balance sheet only when all of the following conditions are met: (1) each party owes the other determinable amounts; (2) the reporting party has the right to set off the amount owed with the amount owed by the other party; (3) the reporting party intends to set off; and (4) the right to set off is enforceable at law? [FASB ASC 210-20-45-1]	FD202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cash					
Is separate disclosure made of restricted cash (as determined by the entity's accounting policy for restricted cash)? [Paragraph 4a of FASB ASC 210-10-45-4]	FD203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accounts and Notes Receivable					
Are accounts and notes receivable from officers, employees, and affiliated companies shown separately with appropriate disclosures? [FASB ASC 850-10-50-2]	FD204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are allowances for uncollectible receivables shown as deductions from the related receivables? [FASB ASC 210-10-45-13]	FD205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
For accounts and notes receivables, is the accounting appropriate and are disclosures adequate? Consider the following:	FD206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Loans and related origination fees [FASB ASC 310-20-30-2; FASB ASC 310-20-35-2] • The effect of interest rates that do not reflect market rates [FASB ASC 835-30-45] • The effect of troubled debt restructurings [FASB ASC 310-40; FASB ASC 470-60] • Other receivables including trade receivables [FASB ASC 310-10] • The recorded investments in impaired loans, the total unpaid balance of the impaired loans, the total allowance for credit losses related to those impaired loans, the activity in the allowance for credit losses account, the creditor's interest income recognition policy, the policy for determining which loans the entity assesses for impairment, and the factors considered in determining that the loan is impaired [FASB ASC 310-10-50-15] • Current assets only include receivables from officers, employees, affiliates, and others, if collectible in the ordinary course of business within a year [FASB ASC 310-10-45-9] 					
Inventories					
Is the accounting appropriate and are disclosures adequate concerning [FASB ASC 330-10]					
<ul style="list-style-type: none"> • the basis upon which the various classifications of inventory items are stated and, where practicable, indication of the method of determining the cost? [FASB ASC 210-10-50-1] 	FD207	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

³ See footnote 1.

⁴ See footnote 2.

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
• valuation allowance for inventory losses? [FASB ASC 310-10-45-4; FASB ASC 310-10-50-14]	FD208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Property and Equipment

For property and equipment, is the accounting appropriate and are disclosures adequate? Consider the following:

FD209 ☐ ☐ ☐ _____

- Depreciation expense for the period [FASB ASC 360-10-50-1]
- Balances of major classes of depreciable assets, by nature or function, at the balance sheet date [FASB ASC 360-10-50-1]
- A general description of the method or methods used in computing depreciation with respect to major classes of depreciable assets [FASB ASC 360-10-50-1]
- Accumulated depreciation, either by major classes of depreciable assets or in total, at the balance sheet date [FASB ASC 360-10-50-1]
- Property and equipment, including accounting for the impairment of long-lived assets to be held and used and for long-lived assets to be disposed of, assets of discontinued operations, investment credit, and capitalized interest [FASB ASC 360-10-50-2-3; FASB ASC 205-20-50; FASB ASC 835-20]

Other Assets

Are pledged assets properly disclosed? [FASB ASC 440-10-50-1]

FD210 ☐ ☐ ☐ _____

Current Liabilities

For current liabilities, is the accounting appropriate and are disclosures adequate? Consider the following:

FD211 ☐ ☐ ☐ _____

- Current liabilities [Paragraphs 5–12 of FASB ASC 210-10-45]
- Short-term obligations expected to be refinanced [Paragraphs 12A–21 of FASB ASC 470-10-45]
- Supplier finance programs [FASB ASC 405-50]
- Compensated absences [FASB ASC 710-10]

Notes Payable and Other Debt

For notes payable and other debts, is the accounting appropriate and are disclosures adequate? Consider the following:

FD212 ☐ ☐ ☐ _____

- The impact of subjective acceleration clauses, if applicable [FASB ASC 470-10-45-2]
- Effect of interest rates that do not reflect market rates [FASB ASC 835-30]
- Effect of troubled debt restructurings [FASB ASC 310-40]
- For long term debt, maturities and sinking fund requirements for the next five years [FASB ASC 470-10-50-1]
- If there is a share-lending arrangement involving its own shares in contemplation of a convertible debt offering or other financing, have the required disclosures been made [FASB ASC 470-20-50-2A]
- Disclosures related to commitments [FASB ASC 440-10-50]

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
With respect to other noncurrent liabilities, is the accounting appropriate and are disclosures adequate? Consider the following:	FD213	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Other liabilities and deferred credits, including environmental remediation liabilities, classification of deferred tax liabilities, employees' compensation for future absences, special termination benefits to employees, and deferred revenue [FASB ASC 710-10; FASB ASC 740-10; FASB ASC 410-30; FASB ASC 430-10] • Obligations associated with the retirement of tangible long-lived assets and the associated asset retirement costs [FASB ASC 410-20] • Recognition and measurement of costs associated with exit or disposal activities, other than those associated with an entity newly acquired in a business combination or the retirement of a long-lived asset [FASB ASC 420-10] 					
Are loss contingencies accrued or disclosed, or both, as appropriate? [FASB ASC 450-20]	FD214	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are other contingencies and commitments adequately disclosed, including environmental remediation-related matters? [FASB ASC 410-30-50; FASB ASC 440-10-50]	FD215	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Shareholders' Equity

For equity related transactions, is the accounting appropriate and are disclosures adequate? Consider the following:	FD216	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Capital stock (for example, number of shares authorized, issued, and outstanding; par or stated value per share; rights and preferences of various classes) [FASB ASC 505-10] • Treasury stock [FASB ASC 505-30] • Stock option and stock purchase plans [FASB ASC 718, <i>Compensation—Stock Compensation</i>; FASB ASC 505-50] • Stock subscriptions receivable [FASB ASC 505-10-45] • Retained earnings, including appropriations thereof and restrictions on dividends [FASB ASC 440-10-50; FASB ASC 505-10-45-3; FASB ASC 505-20] • Changes in owners' equity [FASB ASC 220-10; FASB ASC 250-10-50-7; FASB ASC 505-10-50-2] • Redemption requirements on capital stock for the next five years [FASB ASC 505-10-50-11] 					

III. INCOME STATEMENT

	<u>Ques.</u>	<u>N/A</u> ⁵	<u>Yes</u>	<u>No</u> ⁶	<u>Ref.</u>
Revenue from Contracts with Customers⁷					
Have the appropriate transition disclosures under FASB ASC 606 been made for entities adopting FASB ASC 606 in the current year?	FD301	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
As it relates to revenue from contracts with customers, has the entity disclosed qualitative and quantitative information about all of the following? [FASB ASC 606-10-50]	FD302	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Its contracts with customers [Paragraphs 4–16 of FASB ASC 606-10-50] • The significant judgments, and changes in the judgments, made in applying the guidance in FASB ASC 606 to those contracts [Paragraphs 17–21 of FASB ASC 606-10-50] • Any assets recognized from the costs to obtain or fulfill a contract with a customer in accordance with FASB ASC 340-40-25-1 or FASB ASC 340-40-25-5 [Paragraphs 1–6 of FASB ASC 340-40-50] 					
As it relates to revenue from contracts with customers, consider if the following information is disclosed for the reporting period (unless the amounts are presented separately in the statement of comprehensive income [statement of activities]): [FASB ASC 606-10-50-4]	FD303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Revenue recognized from contracts with customers, which should be disclosed separately from the other sources of the entity's revenue • Any impairment losses recognized (in accordance with FASB ASC 310, <i>Receivables</i>) on any receivables or contract assets arising from an entity's contracts with customers, which the entity shall disclose separately from impairment losses from other contracts • Any credit losses recorded on any receivables or contract assets arising from an entity's contracts with customers, which the entity shall disclose separately from credit losses from other contracts 					
Did the entity disaggregate revenue recognized from contracts with customers into categories that depict how the nature, amount, timing, and uncertainty of revenue and cash flows are affected by economic factors?	FD304	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • At a minimum, the entity should disclose revenue disaggregated according to the timing of transfer of goods or services (for example, revenue from goods or services transferred to customers at a point in time and revenue from goods or services transferred to customers over time) and qualitative information about how economic factors (such as type of customer, geographical location of customers, and type of contract) affect the nature, amount, timing, and uncertainty of revenue and cash flows [Paragraphs 5 and 7 of FASB ASC 606-10-50 and paragraphs 89–91 of FASB ASC 606-10-55] 					

⁵ See footnote 1.⁶ See footnote 2.⁷ Reviewers should be aware of additional disclosure requirements related to revenue recognition for public business entities and not-for-profit entities that have issued or are conduit bond obligors for, securities that are traded, listed, or quoted on an exchange or an over-the-counter market, or an employee benefit plan that files or furnishes financial statements with or to the SEC that are not subject to PCAOB permanent inspection.

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
As it relates to contract balances, consider the following: [Paragraph 8 of FASB ASC 606-10-50]	FD305	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Did the entity disclose the opening and closing balances of receivables, contract assets, and contract liabilities from contracts with customers, if not otherwise separately presented or disclosed? 					
As it relates to performance obligations, consider the following: [Paragraph 12 of FASB ASC 606-10-50]	FD306	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Did the entity disclose information about its performance obligations in contracts with customers, including a description of all of the following? (1) when the entity typically satisfies its performance obligations including when performance obligations are satisfied in a bill-and-hold arrangement, (2) the significant payment terms, (3) the nature of the goods or services that the entity has promised to transfer, highlighting any performance obligations to arrange for another party to transfer goods or services, (4) obligations for returns, refunds, and other similar obligations, and (5) types of warranties and related obligations? 					
Did the entity disclose the judgments, and changes in the judgments, made in applying the guidance in FASB ASC 606, that significantly affect the determination of the amount and timing of revenue from contracts with customers? [FASB ASC 606-10-50-17]	FD307	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> In particular, did the entity explain the judgments, and changes in the judgments, used in determining both of the following? (1) the timing of satisfaction of performance obligations and (2) the transaction price and the amounts allocated to performance obligations 					
As it relates to determining the timing of satisfaction of performance obligations, consider the following: [Paragraphs 18–19 of FASB ASC 606-10-50]	FD308	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> For performance obligations that an entity satisfies over time, did the entity disclose the methods used to recognize revenue? 					
As it relates to determining the transaction price and the amounts allocated to performance obligations, consider the following: [Paragraphs 20–21 of FASB ASC 606-10-50]	FD309	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Did the entity disclose information about the methods, inputs, and assumptions used for assessing whether an estimate of variable consideration is constrained? 					
Other Revenue and Expense Items					
For other revenue and expense items, is the accounting appropriate and are the disclosures adequate? Consider the following:	FD310	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Realized gains and losses and unrealized holding gains and losses for changes in fair value and transfers between categories of investments [FASB ASC 320-10] Software revenue recognition [FASB ASC 985-605-25] Application of the equity method [FASB ASC 323-10] Advertising costs [FASB ASC 720-35] Government assistance [FASB ASC 832-10] Research and developmental costs [FASB ASC 730-10] 					

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
<ul style="list-style-type: none"> • Costs of start-up activities [FASB ASC 720-15-25] • Computer software costs [FASB ASC 985-20; FASB ASC 350-40] • Capitalization of interest costs [FASB ASC 835-20] • Discount or premium on notes receivable or payable [FASB ASC 835-30] • Recognition of impairment of long-lived assets [FASB ASC 310-10-35; FASB ASC 320-10-35; FASB ASC 360-10] • Depreciation [FASB ASC 360-10] • Amortization [FASB ASC 350-10] • Interest Expense [FASB ASC 835-30] 					
Are product financing arrangements properly reported and disclosed? [FASB ASC 470-40]	FD311	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income Taxes					
Is the accounting appropriate and are disclosures adequate concerning the reporting of implications of income taxes? [FASB ASC 740, <i>Income Taxes</i>] Consider the following:	FD312	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • The types of temporary differences and carryforwards that cause significant portions of a deferred tax liability or asset [FASB ASC 740-10-25-20] • Significant components of income tax expense [FASB ASC 740-10-50-9; Paragraphs 11–12 of FASB ASC 220-10-45] • Components and classification of deferred tax liabilities or assets, including, if present, the total of all deferred tax liabilities, the total of all deferred tax assets, the total valuation allowance, and the net change in the valuation allowance [Paragraphs 2–3 and 8 of FASB ASC 740-10-50] • The types and nature of significant reconciling items between GAAP income tax expense or benefit attributable to continuing operations and the amount of income tax expense that would result from applying the federal statutory rates to pre-tax income or loss from continuing operations. [Paragraphs 12–14 of FASB ASC 740-10-50] • Amounts and expiration dates of operating loss and tax credit carry forwards for tax purposes [FASB ASC 740-10-50-3] • Sufficient disclosure to identify the reason for the absence of other tax disclosures if the business is a pass-through entity for tax purposes [FASB ASC 235-10-50] 					
Other Income Statement Items					
Are special items of income, if applicable, properly reported and disclosed? Consider the following:	FD313	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Discontinued operations [FASB ASC 205-20] • Unusual or infrequent items [FASB ASC 225-20] 					

IV. STATEMENT OF CASH FLOWS

	<u>Ques.</u>	<u>N/A</u> ⁸	<u>Yes</u>	<u>No</u> ⁹	<u>Ref.</u>
Is a statement of cash flows presented for each period for which both the financial position and results of operations are provided? [FASB ASC 230-10-15-3]	FD401	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the entity properly classified and reported cash flow activities? Consider the following:	FD402	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Has the entity properly classified and reported cash provided or used by investing, financing, and operating activities? [FASB ASC 230-10-45] • Does the report properly show the net effect of cash flows on cash and cash equivalents during the period? [FASB ASC 230-10-45-24] • Does the report provide reconciliation between net income and net cash flow from operating activities? [Paragraphs 28–32 of FASB ASC 230-10-45] • Are noncash investing and financing activities disclosed? [Paragraphs 3–6 of FASB ASC 230-10-50] • If the indirect method of reporting net cash flows from operating activities was used, were the amounts of interest and income taxes paid disclosed? [FASB ASC 230-10-50-2] • Are cash equivalents limited to short-term, highly liquid investments that are both readily convertible to known amounts of cash and of an original maturity of three months or less? [FASB ASC glossary term <i>cash and cash equivalents</i>] • Is the entity's policy for determining which items are treated as cash equivalents disclosed? [FASB ASC 230-10-50-1] • Are the components of the cash flow statement shown at gross and not net amounts (including for example, cash receipts and payments for investments, loans receivable and debt provided the original maturity of the asset or liability was more than three months)? [Paragraphs 7–9 of FASB ASC 230-10-45] • Are cash flows from purchases, sales, and maturities of available-for-sale securities and held-to-maturity securities classified as cash flows from investing activities and reported gross for each security classification, and are cash flows from purchases, sales, and maturities of trading securities classified based on the nature and purpose for which the securities were acquired? [FASB ASC 320-10-45-11] • Are cash receipts and cash payment resulting from purchases and sales of securities classified as trading securities as discussed in FASB ASC 320, <i>Investments—Debt and Equity Securities</i>, classified based on the nature and purpose for which the securities were acquired? [FASB ASC 230-10-45-19] • Is information about the nature of restrictions on its cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents disclosed? [FASB ASC 230-10-50-7] 					

⁸ See footnote 1.⁹ See footnote 2.

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
<ul style="list-style-type: none">When cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents are presented in more than one line item within the statement of financial position, did the entity, for each period that a statement of financial position is presented, present on the face of the statement of cash flows or disclose in the notes to the financial statements, the line items and amounts of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents reported within the statement of financial position? [FASB ASC 230-10-50-8]					

V. LISTING OF OTHER FINANCIAL STATEMENT DISCLOSURES

If any of the following are present, complete the corresponding section in Part II of the Checklist:

	Yes	N/A
Leases under FASB ASC 840	<input type="checkbox"/>	<input type="checkbox"/>
Leases under FASB ASC 842 – When the entity is the <i>Lessee</i>	<input type="checkbox"/>	<input type="checkbox"/>
Leases under FASB ASC 842 – When the entity is the <i>Lessor</i>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Instruments and Derivatives	<input type="checkbox"/>	<input type="checkbox"/>
Fair Value Measurements	<input type="checkbox"/>	<input type="checkbox"/>
Investments Accounted for by the Equity Method.....	<input type="checkbox"/>	<input type="checkbox"/>
Certain Investments in Debt and Equity Securities	<input type="checkbox"/>	<input type="checkbox"/>
Financial Instruments With Characteristics of Debt and Equity	<input type="checkbox"/>	<input type="checkbox"/>
Intangible Assets and Goodwill	<input type="checkbox"/>	<input type="checkbox"/>
Pensions and Other Postemployment Benefits.....	<input type="checkbox"/>	<input type="checkbox"/>
Issuers of Guarantees, Including Product Warranties	<input type="checkbox"/>	<input type="checkbox"/>
Consolidated Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>
Variable Interest Entities	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Income	<input type="checkbox"/>	<input type="checkbox"/>
Compensatory Stock Issuance Plans	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Compensation Agreements	<input type="checkbox"/>	<input type="checkbox"/>
Unrecognized Tax Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Operations.....	<input type="checkbox"/>	<input type="checkbox"/>
Nonmonetary Transactions	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Change in Accounting Principle.....	<input type="checkbox"/>	<input type="checkbox"/>
Going Concern.....	<input type="checkbox"/>	<input type="checkbox"/>

Part II—Complete All Sections That Apply

I. FINANCIAL STATEMENT DISCLOSURES

	<u>Ques.</u>	<u>N/A</u> ¹⁰	<u>Yes</u>	<u>No</u> ¹¹	<u>Ref.</u>
Leases Under FASB ASC 840					
If the entity is operating under FASB ASC 840, <i>Leases</i> , and the entity is the <i>lessee</i> , is the accounting appropriate and are disclosures adequate? [FASB ASC 840-10-50-2]	FD501	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consider if the following information is disclosed:					
<ul style="list-style-type: none"> • The basis on which contingent rental payments are determined • The existence and terms of renewal or purchase options and escalation clauses • Restrictions imposed by lease agreements, such as those concerning dividends, additional debt, and further leasing 					
If the entity is operating under FASB ASC 840 and the entity is the <i>lessor</i> , is the accounting appropriate and are disclosures adequate? [FASB ASC 840-10-50-4]	FD502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consider if the following information is disclosed:					
<ul style="list-style-type: none"> • If leasing, exclusive of leveraged leasing, is a significant part of the lessor's business activities in terms of revenue, net income, or assets, a lessor shall disclose in the financial statements or note thereto a general description of the lessor's leasing arrangements • The lessor shall disclose its accounting policy for contingent rental income 					
Leases Under FASB ASC 842 — When the entity is the Lessee					
If FASB ASC 842, <i>Leases</i> , has been implemented and the entity is the <i>lessee</i> , is the accounting appropriate and are disclosures adequate? [Paragraphs 1–10 of FASB ASC 842-20-50]	FD503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have the appropriate transition journal entries and disclosures under FASB ASC 842 been made for lessees adopting FASB ASC 842 in the current year [FASB ASC 842-10-65]?	FD504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the following information disclosed?	FD505	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Information about the nature of leases and subleases, including (1) a general description, (2) the basis, terms, and conditions on which variable lease payments are determined, (3) the existence, terms, and conditions of options to extend or terminate the lease (including the options that are recognized as part of its right-of-use assets and lease liabilities and those that are not), (4) the existence, terms, and conditions of residual value guarantees provided by the lessee, and (5) the restrictions or covenants imposed by leases • Information about leases that have not yet commenced by that create significant rights and obligations for the lessee 					

¹⁰ See footnote 1.¹¹ See footnote 2.

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
<ul style="list-style-type: none"> Information about significant assumptions and judgments made in applying the requirements of FASB ASC 842, including (1) the determination of whether a contract contains a lease [Paragraphs 2–27 of FASB ASC 842-10-15], (2) the allocation of the consideration in a contract between lease and nonlease components [Paragraphs 28–32 of FASB ASC 842-10-15], and (3) the determination of the discount rate for the lease [Paragraphs 2–4 of FASB ASC 842-20-30] 					
For each period presented in the financial statements, is the following disclosed?	FD506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Finance lease cost, segregated between the amortization of the right-of-use assets and interest on the lease liabilities Operating lease cost [FASB ASC 842-20-25-6(a) and FASB ASC 842-20-25-7] Short-term lease cost, excluding expenses relating to leases with a lease term of one month or less [FASB ASC 842-20-25-2] Variable lease cost [FASB ASC 842-20-25-5(b) and 842-40-25-4] Sublease income, disclosed on a gross basis, separate from the finance or operating lease expense [FASB ASC 842-20-50-3] Net gain or loss recognized from sale and leaseback transactions [FASB ASC 842-40-50-2] Amounts segregated between those for finance and operating leases for the following items: (1) cash paid for amounts included in the measurement of lease liabilities, segregated between operating and financing cash flows, (2) supplemental noncash information on lease liabilities arising from obtaining right-of-use assets, (3) weighted-average remaining lease term [FASB ASC 842-20-55-11], and (4) weighted-average discount rate [FASB ASC 842-20-55-12] 					
Related to undiscounted cash flows:	FD507	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Is a maturity analysis of a lessee's finance lease liabilities and its operating lease liabilities disclosed separately, showing the undiscounted cash flows on an annual basis for a minimum of each of the first five years and a total of the amounts for the remaining years? Is a reconciliation presented of the undiscounted cash flows to the finance lease liabilities and operating lease liabilities recognized in the statement of financial position? 					
Are lease transactions between related parties disclosed? [Paragraphs 1–6 of FASB ASC 850-10-50]	FD508	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Related to short-term leases:	FD509	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> If the lessee accounts for short-term leases in accordance with FASB ASC 842-20-25-2, is that fact disclosed? If the short-term lease expense for the period does not reasonably reflect the lessee's short-term lease commitments, is that fact disclosed, along with the amount of its short-term lease commitments? 					

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
If the lessee has elected the practical expedient on not separating lease components from nonlease components, is this accounting policy election disclosed, along with which class or classes of underlying assets it has elected to apply the practical expedient? [FASB ASC 842-10-15-37]	FD510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If the lessee elects to use a risk-free rate as the discount rate [paragraph 842-20-30-3], was that election disclosed as well as the class or classes of underlying assets to which the election has been applied?	FD511	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leases Under FASB ASC 842 — When the entity is the Lessor					
If FASB ASC 842 has been implemented and the entity is the <i>lessor</i> , is the accounting appropriate and are disclosures adequate? [Paragraphs 1–14 of FASB ASC 842-30-50]	FD512	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have the appropriate transition journal entries and disclosures under FASB ASC 842 been made for lessors adopting FASB ASC 842 in the current year [FASB ASC 842-10-65]?	FD513	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the following information disclosed?	FD514	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Information about the nature of leases, including (1) a general description, (2) the basis, terms, and conditions on which variable lease payments are determined, (3) the existence, terms, and conditions of options to extend or terminate the lease, and (4) the existence, terms, and conditions of options for a lessee to purchase the underlying asset • Information about significant assumptions and judgments made in applying the requirements of FASB ASC 842, which may include the following: (1) the determination of whether a contract contains a lease [FASB ASC 842-10-15-2 through 842-10-15-27], (2) the allocation of the consideration in a contract between lease and nonlease components [Paragraphs 28–32 of FASB ASC 842-10-15], unless a lessor elects the practical expedient [FASB ASC 842-10-15-42A] and all nonlease components in the contract qualify for that practical expedient, and (3) the determination of the amount the lessor expects to derive from the underlying asset following the end of the lease term 					
If the lessee has elected the practical expedient on not separating nonlease components from associated lease components, is the following disclosed by class of underlying asset? [FASB ASC 842-10-15-42A]	FD515	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • This accounting policy election, along with the class or classes of underlying assets for which it has elected to apply the practical expedient • The nature of (1) the lease components and nonlease components combined as a result of applying the practical expedient, and (2) the nonlease components, if any, that are accounted for separately from the combined component because they do not qualify for the practical expedient • The topic (FASB ASC 842 or FASB ASC 606) the lessor applies to the combined component 					
Are lease transactions between related parties disclosed? [FASB ASC 850, <i>Related Party Disclosures</i>]	FD516	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u><i>Ques.</i></u>	<u><i>N/A</i></u>	<u><i>Yes</i></u>	<u><i>No</i></u>	<u><i>Ref.</i></u>
Does the lease income recognized in each annual and interim reporting period, in a tabular format, include the following?	FD517	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> For sales-type leases and direct financing leases: (1) profit or loss recognized at the commencement date [FASB ASC 842-30-45-4], and (2) interest income either in aggregate or separated by components of the net investment in the lease For operating leases, lease income related to lease payments Lease income relating to variable lease payments not included in the measurement of the lease receivable 					
Did the lessor disclose the components of its aggregate net investment in sales-type and direct financing leases?	FD518	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is information disclosed about how the lessor manages its risk associated with the residual value of its leased assets, particularly	FD519	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> its risk management strategy for residual assets? the carrying amount of residual assets covered by residual value guarantees [FASB ASC 842-30-30-1(a)(2)]? any other means by which the lessor reduces its residual asset risk? 					
For the additional disclosures required for sales-type and direct financing leases:	FD520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Are significant changes in the balance of the lessor's unguaranteed residual assets and deferred selling profit on direct financing leases explained? Is a maturity analysis of the lessor's lease receivables disclosed, showing the undiscounted cash flows to be received on an annual basis for a minimum of each of the first five years and a total of the amounts for the remaining years? Is a reconciliation presented of the undiscounted cash flows to the lease receivables recognized in the statement of financial position or notes to the financial statements? 					
For the additional disclosures required for operating leases:	FD521	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> Is a maturity analysis of lease payments disclosed [FASB ASC 842-30-50-12], showing the undiscounted cash flows to be received on an annual basis for a minimum of each of the first five years and a total of the amounts for the remaining years and is this analysis presented separately from the analysis required for sales-type leases and direct financing leases? Are the disclosures required by FASB ASC 360, <i>Property, Plant, and Equipment</i>, provided separately for underlying assets under operating leases from owned assets? [FASB ASC 842-30-50-13] 					
With respect to separating components of a contract:	FD522	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> If the lessor made the accounting policy election to exclude from the consideration in the contract and from variable payments not included in the consideration in the contract all taxes assessed by a governmental authority that are both imposed on and concurrent with a specific lease revenue-producing transaction and collected by the lessor from a lessee [FASB ASC 842-10-15-39A], was that election properly disclosed in compliance with the requirements outlined in paragraphs 1–6 of FASB ASC 235-10-50? 					

Ques. N/A Yes No Ref.

Financial Instruments and Derivatives

For financial instruments, is information about concentrations of credit risk, and if required, about fair value (including the methods and significant assumptions used to estimate fair value) disclosed? [FASB ASC 825-10-50]

FD523 ☐ ☐ ☐ _____

Is the accounting appropriate and are the disclosures adequate regarding derivative instruments and hedging activities? [FASB ASC 815, *Derivatives and Hedging*]

FD524 ☐ ☐ ☐ _____

Are transfers of financial assets, the servicing of financial assets and the extinguishment of liabilities properly accounted for and disclosed? [FASB ASC 860, *Transfers and Servicing*]

FD525 ☐ ☐ ☐ _____

Have the following disclosures been made for all derivative instruments (and for nonderivative instruments designated and qualifying as hedging instruments): [Paragraphs 1–4 of FASB ASC 815-10-50; FASB ASC 815-10-65-1]

FD526 ☐ ☐ ☐ _____

- The entity's objectives for holding or issuing the instruments?
- The context needed to understand the entity's objectives?
- The entity's strategies for achieving these objectives?
- For the preceding items, information about those instruments in the context of each instrument's primary underlying risk exposure (for example, interest rate, credit, foreign exchange rate, interest rate and foreign exchange rate, or overall price)?
- A distinction between those instruments used for risk management purposes and those used for other purposes?
- For derivative instruments designated as hedging instruments under FASB ASC 815, do disclosures distinguish between:
 - Derivative instruments designated as fair value hedging instruments?
 - Derivative instruments designated as cash flow hedging instruments?
 - Derivative instruments designated as hedging instruments of the foreign currency exposure in a net investment in a foreign operation?
- For derivative instruments not designated as hedging instruments, the purpose of the derivative activity?
- Information that would enable users of an entity's financial statements to understand the volume of its derivative activity?

Fair Value Measurements

At a minimum, have the following been disclosed for each class of assets and liabilities measured at fair value in the statement of financial position after initial recognition, with quantitative disclosures presented in tabular format: [FASB ASC 820-10-50-2]

FD527 ☐ ☐ ☐ _____

- For recurring fair value measurements, the fair value measurement at the end of the reporting period?
- For nonrecurring fair value measurements, the fair value measurement at the relevant measurement date and the reasons for the measurement?
- For recurring and nonrecurring fair value measurements, the level of the fair value hierarchy within which the fair value measurements are categorized in their entirety? (Level 1, 2 or 3)

- | | <u>Ques.</u> | <u>N/A</u> | <u>Yes</u> | <u>No</u> | <u>Ref.</u> |
|---|--------------|------------|------------|-----------|-------------|
| <ul style="list-style-type: none"> • For recurring and nonrecurring fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy, a description of the valuation technique(s) and the inputs used in the fair value measurement? If there has been a change in the valuation technique, did the entity disclose the change and the reason for making the change? • For fair value measurements categorized within level 3, the quantitative information about the significant unobservable inputs used in the fair value measurement? • For recurring fair value measurements categorized within Level 3 of the fair value hierarchy, a reconciliation from the opening balances to the closing balances, separately disclosing changes attributable to the following (disclosures for derivative assets and liabilities may be presented net): <ul style="list-style-type: none"> — Total gains or losses for the period recognized in earnings (or changes in net assets) and the line items in which those gains or losses are reported? — Total gains or losses for the period recognized in other comprehensive income and the line item in other comprehensive income in which those gains or losses are recognized? — Purchases, sales, issues, and settlements separately disclosed? — The amounts of any transfers into or out of Level 3 of the fair value hierarchy and the reasons for those transfers? Are transfers into Level 3 disclosed and discussed separately from transfers out of Level 3? • For recurring fair value measurements categorized within Level 3, the total gains or losses for the period included in earnings due to the change in unrealized gains or losses that relate to assets and liabilities held at the end of the reporting period and the line item(s) in the statement of income (or activities) in which those unrealized gains or losses are recognized? • For recurring fair value measurements categorized as Level 3, a narrative description of the uncertainty of the fair value measurement from the use of significant unobservable inputs if those inputs reasonably could have been different at the reporting date? • For recurring and nonrecurring fair value measurements, if the highest and best use of a nonfinancial asset differs from its current use, disclosure of that fact and why the nonfinancial asset is being used in a manner that differs from its highest and best use? | | | | | |

For investments that are within the scope of FASB ASC 820-10-50-6A and are valued using net asset value per share (NAV) as a practical expedient, are disclosures adequate to allow financial statement users to understand the nature and risks of the investments and whether the investments, if sold, are probable of being sold at amounts different from the NAV? Are the following disclosed?

FD528 ☐ ☐ ☐ _____

- The fair value measurement of the investments in the class at the reporting date and a description of the significant investment strategies of the investee(s) in the class

- | | <u>Ques.</u> | <u>N/A</u> | <u>Yes</u> | <u>No</u> | <u>Ref.</u> |
|--|--------------|------------|------------|-----------|-------------|
| <ul style="list-style-type: none"> For each class of investment that includes investments that can never be redeemed with the investees, but the reporting entity receives distributions through the liquidation of the underlying assets of the investees, the reporting entity's estimate of the period of time over which the underlying assets are expected to be liquidated by the investees, if the investee has communicated the timing to the reporting entity or announced the timing publicly. If the timing is unknown, the reporting entity shall disclose that fact. The amount of the reporting entity's unfunded commitments related to investments in the class A general description of the terms and conditions upon which the investor may redeem investments in the class The circumstances in which an otherwise redeemable investment in the class (or a portion thereof) might not be redeemable. Also, for those otherwise redeemable investments that are restricted from redemption as of the reporting entity's measurement date, the reporting entity shall disclose its estimate of when the restriction from redemption might lapse if the investee has communicated that timing to the reporting entity or announced the timing publicly. If the timing is unknown or an estimate cannot be made, the reporting entity shall disclose that fact and how long the restriction has been in effect. Any other significant restriction on the ability to sell investments in the class at the measurement date If a group of investments would otherwise meet the criteria in FASB ASC 820-10-35-62 but the individual investments to be sold have not been identified, so the investments continue to qualify for the practical expedient in FASB ASC 820-10-35-59, the reporting entity shall disclose its plans to sell and any remaining actions required to complete the sale(s) | | | | | |

If assets or liabilities have been measured at fair value under the fair value option allowed by FASB ASC 825, *Financial Instruments*, have the necessary disclosures been made? [Paragraphs 24–32 of FASB ASC 825-10-50]

FD529 ☐ ☐ ☐ _____

Investments Accounted for by the Equity Method

Is the accounting appropriate and are disclosures adequate concerning investments in common stock accounted for under the equity method? [FASB ASC 323-10-50] Consider the following:

FD530 ☐ ☐ ☐ _____

- Disclosure of the accounting policy of the investor with respect to those investments
- The difference between the amount at which an investment is carried and the amount of the underlying equity in net assets
- Investments in which the entity holds 20% or more of voting stock, but for which the entity does not apply equity method accounting
- Investments in which the entity holds less than 20% of voting stock, but for which the entity applies equity method accounting
- Certain investments in partnerships, unincorporated joint ventures, and limited liability companies in accordance with FASB ASC 323-30

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
Certain Investments in Debt and Equity Securities					
For debt securities, are separate disclosures of the following made for all major security types classified as available for sale as of each date for which a balance sheet is presented? [FASB ASC 320-10-50-2]	FD531	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Amortized cost bias • Aggregate fair value • Total other-than temporary impairment recognized in accumulated other comprehensive income • Total gains for securities with net gains in accumulated other comprehensive income • Total losses for securities with net losses in accumulated other comprehensive income • Information about the contractual maturities of those securities as of the date of the most recent statement of financial position presented 					
For debt securities, are separate disclosures of the following made for all major security types classified as held to maturity as of each date for which a balance sheet is presented: [FASB ASC 320-10-50-5]	FD532	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Amortized cost basis • Net carrying amount • Total other-than temporary impairment recognized in accumulated other comprehensive income • Gross gains and losses in accumulated other comprehensive income for any derivatives that hedged the forecasted acquisition of the held-to maturity securities • Information about the contractual maturities of those securities as of the date of the most recent statement of financial position presented • For financial institutions, disclosure of the fair value and the net carrying amount (if different from fair value) of debt securities on the basis of the 4 maturity groupings provided in FASB ASC 320-10-50-5(f)? 					
Has the following been disclosed for all investments in an unrealized loss position for which other-than-temporary impairments have not been recognized in earnings? [FASB ASC 320-10-50-6]	FD533	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Quantitative information aggregated by category of investment, presented tabular form and segregated by investments that have been in a loss position for less than 12 months and those that have been in a loss position for 12 months or longer, that includes: • Aggregate amount of unrealized losses • Aggregate fair value of investments with unrealized losses • Narrative information that was considered in reaching the conclusion that the impairments are not other-than-temporary, including (1) the nature of the investment, (2) the cause of the impairment, (3) the number of investment positions in an unrealized loss position, (4) the severity and duration of the impairment, and (5) other evidence considered relevant 					

Ques. N/A Yes No Ref.

Financial Instruments With Characteristics of Debt and Equity

With respect to financial instruments with characteristics of both liabilities and equity, did the company properly classify and report applicable instruments as liabilities unless the redemption is required to occur only upon the liquidation or termination of the reporting entity in accordance with FASB ASC 480, *Distinguishing Liabilities from Equity*? [FASB ASC 480-10-25-4] For example:

FD534 ☐ ☐ ☐ _____

- All three classes of freestanding financial instruments that embody obligations for the issuer (as defined in FASB ASC 480) are considered? [FASB ASC 480-10-05-2]
- The financial statements contain all applicable disclosures? [FASB ASC 480-10-50]

Intangible Assets and Goodwill

Is the accounting appropriate and are disclosures adequate for goodwill and other intangible assets? Consider if

FD535 ☐ ☐ ☐ _____

- the appropriate reviews were made for the impairment whenever events or changes in circumstances indicated that the carrying amount of the asset may not be recoverable. [FASB ASC 350-20; FASB ASC 350-30]
- for goodwill or other intangible assets, the company's accounting and reporting comply with FASB ASC 350, *Intangibles—Goodwill and Other*.
 - All intangible assets are aggregated and presented as a separate line-item in the financial statement and recognized based on fair value [FASB ASC 350-30-30; FASB ASC 350-30-45]
 - Intangible assets with a definite life are amortized and annually reviewed for impairment [FASB ASC 350-30-35]
 - Goodwill is aggregated and presented as a separate line-item in the financial statements [FASB ASC 350-20-50-1]
 - Goodwill is either not amortized but reviewed at least annually for impairment, or if the accounting alternative has been elected, amortized appropriately and tested for impairment when a triggering event occurs [FASB ASC 350-20]
 - Deferred income taxes are only recorded for book versus tax differences for intangible assets or goodwill if arising from tax-deductible amortization [FASB ASC 350-20-35-61]
 - All required disclosures made [FASB ASC 350-20-50; FASB ASC 350-30-50]

Pensions and Other Postemployment Benefits

Have defined benefit pension plans been properly accounted for and disclosed? [FASB ASC 715-20; FASB ASC 715-30]

FD536 ☐ ☐ ☐ _____

Have other pension plans (including multi-employer plans) been properly accounted for and disclosed? [FASB ASC 715-20; FASB ASC 715-80]

FD537 ☐ ☐ ☐ _____

Have postretirement plans other than pensions been properly accounted for and disclosed? [FASB ASC 715-60]

FD538 ☐ ☐ ☐ _____

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
Have postemployment benefits (after employment, but before retirement) been properly accounted for and disclosed? [FASB ASC 712-10]	FD539	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have defined contribution pension plans been properly accounted for and disclosed? [FASB ASC 715-70]	FD540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do the financial statements, where required, include appropriate presentations of employee stock ownership plans? [FASB ASC 718-40]	FD541	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Issuers of Guarantees, Including Product Warranties

For issuers of guarantees including product warranties, standby letters of credit, and loan guarantees (other than guarantees issued by insurance companies), did the entity recognize a liability for the fair value of the guarantee as required by FASB ASC 460-10? Consider the following:

- For those guarantees, the entity provided the appropriate disclosure [FASB ASC 460-10-50-4]
- The entity provided the disclosures required for guarantees that do not require liability recognition [Paragraphs 5–8 of FASB ASC 460-10-50]

FD542 ☐ ☐ ☐ _____

Consolidated Financial Statements

If consolidated financial statements are presented, is the consolidation policy disclosed? [FASB ASC 810-10-50-1]

FD543 ☐ ☐ ☐ _____

Are all majority-owned subsidiaries consolidated in the financial statements unless consolidation is specifically not required by professional standards? [FASB ASC 810-10-15-10]

FD544 ☐ ☐ ☐ _____

If an individual or entity controls a group of related entities, did the practitioner consider whether combined financial statements might be more meaningful? [FASB ASC 810-10-55-1B; FASB ASC 810-10-45-10]

FD545 ☐ ☐ ☐ _____

Variable Interest Entities

Has the company complied with the provisions of FASB ASC 810, concerning consolidation, for variable interest entities? Consider the following:

FD546 ☐ ☐ ☐ _____

- Does the primary beneficiary of a variable interest entity (VIE) account for, report, and disclose the following aspects of the VIE in its financial statements? [FASB ASC 810-10-50-3]
 - Nature, purpose, size, and activities of the VIE
 - Carrying amount and classifications
 - Lack of recourse
- Does an entity that holds a significant variable interest in a VIE, but is not the primary beneficiary, account for, report, and disclose the following aspects of the VIE in its financial statements? [FASB ASC 810-10-50-4]
 - Nature of its involvement with the VIE and when it began
 - Nature, purpose, size, and activities of the VIE
 - Enterprise's maximum exposure to loss
- Are disclosures required by FASB ASC 860, about VIEs included in the same note to the financial statements as the information required by FASB ASC 810, *Consolidation*?
- If an entity does not apply the provisions of FASB ASC 810 because it is unable to locate information necessary to make the proper determinations, are the following required disclosures made? [FASB ASC 810-10-50-6]

- | | <u>Ques.</u> | <u>N/A</u> | <u>Yes</u> | <u>No</u> | <u>Ref.</u> |
|---|--------------|------------|------------|-----------|-------------|
| — Entities to which interpretation is not being applied and reasons | | | | | |
| — Nature, purpose, size, activities, and nature of enterprise's involvement | | | | | |
| — Reporting enterprise's maximum exposure to loss | | | | | |
| — Income, expense, purchases, sales, or other activity between the entities | | | | | |
| • If an entity elected the alternative not to apply VIE guidance to a lessor entity under common control, has it met the required conditions to do so, and are the following required disclosures made? [FASB ASC 810-10-15-17A-C; FASB ASC 810-10-50-2AD-AF] | | | | | |
| — Amount and key terms of liabilities recognized by the lessor legal entity that expose the lessee to providing financial support to the lessor | | | | | |
| — A qualitative description of circumstances not recognized by the lessor entity that expose the lessee to providing financial support to the lessor | | | | | |
| — Disclosures currently required by other areas such as guarantees, leases, and related parties | | | | | |

Comprehensive Income

Are elements of comprehensive income displayed in one of the following two alternative presentation formats? [Paragraphs 1A–1B of FASB ASC 220-10-45]

- | | | | | | |
|--|-------|--------------------------|--------------------------|--------------------------|-------|
| • In a single continuous financial statement, presenting its components in two sections, net income and other comprehensive income. | FD547 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • In two separate, but consecutive, statements. Components of, and the total for, net income in the statement of net income. Components of, and the total for, other comprehensive income as well as a total for comprehensive income, which shall be presented immediately after the statement of net income. | | | | | |

Are components of other comprehensive income shown as either (a) the net of related tax effects or (b) before related tax effects, with one amount shown for the aggregate income tax expense or benefit related to the total of other comprehensive income items? [FASB ASC 220-10-45-11]

FD548	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
-------	--------------------------	--------------------------	--------------------------	-------

Has the amount of income tax expense or benefit allocated to each component of other comprehensive income, including reclassification adjustments, been disclosed either (a) on the face of the financial statement in which the components are displayed or (b) in the notes to the financial statements? [FASB ASC 220-10-45-12]

FD549	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
-------	--------------------------	--------------------------	--------------------------	-------

Have reclassification adjustments out of accumulated other comprehensive income been presented either on the face of the statement in which the components of other comprehensive income are presented or in the notes to the financial statements? [FASB ASC 220-10-45-17]

FD550	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
-------	--------------------------	--------------------------	--------------------------	-------

Has the accumulated balance of other comprehensive income been reported separately from retained earnings and additional paid-in capital in a statement of financial position at the end of an accounting period? [FASB ASC 220-10-45-14]

FD551	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
-------	--------------------------	--------------------------	--------------------------	-------

	<u>Ques.</u>	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Ref.</u>
Have the changes in the accumulated balances for each component of other comprehensive income included in the separate component of equity been presented on the face of the financial statements or as a separate disclosure in the notes [FASB ASC 220-10-45-14A]	FD552	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
For derivative instruments and hedging activities disclosures:					
<ul style="list-style-type: none"> Have the net gain or loss on derivative instruments designated as cash flow hedging instruments (including qualifying foreign currency cash flow hedges) reported as a separate classification within other comprehensive income been made? [FASB ASC 815-20-45-3] 	FD553	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
As part of the disclosures of accumulated other comprehensive income, have the following disclosures been made? [FASB ASC 815-30-50-2]	FD554	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> The beginning and ending accumulated derivative gain or loss The related net change associated with current period hedging transactions The net amount of any reclassification into earnings 					

Compensatory Stock Issuance Plans

Are compensatory stock issuance plans properly accounted for and adequately disclosed? [FASB ASC 718] Consider the following:	FD555	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> The use of fair-value measurement in accounting for share-based transactions with employees including recording compensation cost for all stock awards granted [Paragraphs 2–4 of FASB ASC 718-10-30] Disclosures enabling the reader to understand the nature of the arrangement, the effects of its costs on the income statement, the methods of estimating fair value, and the cash flow effects of the arrangement [FASB ASC 718-10-50-1] 					

Deferred Compensation Agreements

Are deferred compensation agreements properly reported and disclosed? [Paragraphs 9–11 of FASB ASC 710-10-25]	FD556	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
---	-------	--------------------------	--------------------------	--------------------------	-------

Unrecognized Tax Benefits

For unrecognized tax benefits, are the following disclosed? [FASB ASC 740-10-50-15]	FD557	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> The total amounts of interest and penalties recognized in the statement of operations and the total amounts of interest and penalties recognized in the statement of financial position For positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease within 12 months of the reporting date: <ul style="list-style-type: none"> — The nature of the uncertainty — The nature of the event that could occur in the next 12 months that would cause the change — An estimate of the range of the reasonably possible change or a statement that an estimate of the range cannot be made 					

Foreign Operations

Are foreign currency transactions and translation of financial statements denominated in a foreign currency properly accounted for and disclosed? [FASB ASC 830, <i>Foreign Currency Matters</i>]	FD558	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
--	-------	--------------------------	--------------------------	--------------------------	-------

	<u><i>Ques.</i></u>	<u><i>N/A</i></u>	<u><i>Yes</i></u>	<u><i>No</i></u>	<u><i>Ref.</i></u>
Nonmonetary Transactions					
Are nonmonetary transactions properly accounted for and disclosed? [FASB ASC 845, <i>Nonmonetary Transactions</i>]	FD559	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voluntary Change in Accounting Principle					
Are voluntary changes in accounting principles applied retrospectively to prior period financial statements rather than reflected in current period net income? [FASB ASC 250-10-45-5]	FD560	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Going Concern					
Is the accounting appropriate and the disclosures sufficient when there is substantial doubt about an entity's ability to continue as a going concern? [FASB ASC 205-40]	FD561	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

The following pages are provided for your comments on all “No” answers for which a matter for further consideration (MFC) form was not generated or to expand upon any of the “Yes” answers. Review and thoroughly explain all “No” answers with the engagement partner or owner.

[illegible]

- note “resolved” and the manner of resolution; and
- note “not significant” to indicate a “No” answer is appropriate, but that the manner is not significant enough to warrant the preparation of a MFC form.

Agenda Item 1.4

Assessment of the Peer Review Information Form

Background

During its meeting last August, the Planning Task Force requested that Staff establish a process for a recurring assessment of the Peer Review Information (PRI) Form, which would include an internal assessment followed by a PRB review. The objective of such an assessment/review would be to ensure that all questions being asked are still relevant and that all necessary questions are included.

Screenshots of the current version of the PRI form for system reviews is included in agenda item 1.4A. For purposes of this conversation the version for engagement reviews was not included given it is less extensive than that for system reviews.

Feedback Received

Anecdotal feedback from peer review stakeholders suggests that the PRI form can be confusing and cumbersome. Additionally, questions are continually added to the PRI, but no questions are ever removed, leading to an ever-growing form for firms to complete.

Staff met internally to brainstorm possible changes (or sections of the PRI that could warrant further discussion). Items discussed from that meeting included:

- Consider removing the question “Select the non-CPA owned entity your firm is a member of....” and the related the “Other non-CPA owned entity name” where it can be entered in.
- Consider removing other alternative practice structure questions
- Revisit scheduling checks that are currently in place related to the PRI
- Revisit whether industry codes should exist when a corresponding AICPA Guide exists
- Determine if independence questions are necessary or provide value to peer reviewers.
- Modifying the wording of the first question under PCAOB reports to read:
 “Did/will you submit a Form 2 to the **Public Company Accounting Oversight Board (PCAOB)** that has clients/engagements listed in [Part IV - Audit Clients And Audit Reports](#) (with period ends during your peer review year)? If ‘Yes,’ indicate which types of engagements were included on your Form 2, only include those engagements that have period ends during your peer review year.”

PRIMA Impact

The timing of any changes to the PRI form is dependent on the nature and extent of requested modifications.

AE Impact

Any changes to the PRI form would be communicated to the AE community via our normal channels as soon as practicable.

Communications Plan

Any changes to the PRI form would be communicated via our normal channels (e.g. updates to the PRIMA homepage, Reviewer alerts) as soon as practicable.

Board Considerations:

Staff requests the PRB provide any feedback on the PRI form including but not limited to:

- Edits to existing sections or questions
- Sections or questions that can be removed
- Sections or questions that should be added
 - For example, should questions related to AI and its usage in a firm's practice be included.

Current Peer Review Information Form

Agenda Item 1.4A

Note

This information reflects the data in the AICPA's Service Center membership system. For more information contact the Peer Review Team at 919.402.4502. [Learn more...](#)

Employer Identification Number

Enter Employer Identification Number

Hint: Include only numeric fields; do not include any dashes or hyphens. [Learn more...](#)

Select your firm's Managing Partner [Learn more...](#)

Is your Peer Review Contact different than the Managing Partner? [Learn more...](#)

Yes No

Select the associations your firm is a member of [Learn more...](#)

Associations
<input type="checkbox"/> ACPA International
<input type="checkbox"/> Affiliated Conference of Practicing Accountants
<input type="checkbox"/> AG Exchange
<input type="checkbox"/> AGN International North America
<input type="checkbox"/> Alliance of Practicing CPAs, The
<input type="checkbox"/> Allinial Global
<input type="checkbox"/> Alltott Global Alliance

Other association name

If your association is not included in the list above, click Add to manually enter your association's name.

[\(+\)](#) Add association name

Select the non-CPA owned entity your firm is a member of [Learn more...](#)

Non-CPA Owned Entity(s)
<input type="checkbox"/> American Express Tax and Business Services
<input type="checkbox"/> CBIZ, Inc
<input type="checkbox"/> RSM McGladrey Services

Other non-CPA owned entity name

If your non-CPA owned entity is not included in the above list, click Add to manually enter your non-CPA owned entity's name.

[\(+\)](#) Add other non-CPA owned entity

Did your firm perform audit or attest (A&A) engagements for entities that did not have significant roles in the digital assets ecosystem (see Code 904) but had holdings in digital assets that were considered material to the underlying engagements, such as through activities including, without limitation: (i) investing or trading; or (ii) accepting receipts or delivering payments for goods or services in digital assets with related or third parties? [Learn more...](#)

Yes No

Has your firm or a related entity undergone an outside investment by a private equity, wealth management, or similar type firm?

Yes No

Does your firm have an alternative practice structure such as those created through an outside investment? [Learn more...](#)

Yes No

Discard Changes

Help

Save Changes

Next >>

Capture Firm Info

Engagements

▼ Engagement Levels of Service to Determine Review Type

Hint: If applicable, select the level of services your firm performed with periods ending from 11/01/2023 to 10/31/2024 whether issued or not, which may include multiple services for the same client. For example if your firm performs an audit and another attestation engagement (AUP), please include select both levels of service.

For financial forecasts, projections and agreed-upon procedures, please select "Performed/Expect to Perform" for the relevant level of service if you have performed an engagement with a report date during that period.

Only select "Expect to Perform" if your firm will perform the engagement before your firm's due date of 07/31/2025.

If you have questions on the level of service that you perform, contact the A&A hotline at 877-242-7212.

Statements on Auditing Standards (SAs)

Code & Level of Service	Response
9 - Audits Under Statements on Auditing Standards	<input checked="" type="radio"/> Performed <input type="radio"/> Expect to Perform <input type="radio"/> Do not Perform

Government Auditing Standards (GAS)

Code & Level of Service	Response
25 - Financial Audits (GAS)	<input checked="" type="radio"/> Performed <input type="radio"/> Expect to Perform <input type="radio"/> Do not Perform

26 - Attestation Engagements (Examination, Review, or Agreed-upon Procedures under GAS)	Performed	Expect to Perform	Do not Perform
27 - Performance Audits (GAS)	Performed	Expect to Perform	Do not Perform

International Standards

Code & Level of Service	Response		
20 - International Standards on Auditing, Assurance Engagements and related Services (ISAs), or any other standards issued by the International Auditing and Assurance Standards Board (IAASB)	Performed	Expect to Perform	Do not Perform
21 - Any other international standards on audit, assurance or related services	Performed	Expect to Perform	Do not Perform
22 - Any international accounting or reporting standards (except for International Financial Reporting Standards-IFRS)	Performed	Expect to Perform	Do not Perform

Standards of the Public Company Accounting Oversight Board (US)

Code & Level of Service	Response		
14 - Audits Under PCAOB Standards, not covered by PCAOB permanent inspection program	Performed	Expect to Perform	Do not Perform
16 - Attest Engagements Under PCAOB Standards, not covered by PCAOB permanent inspection program	Performed	Expect to Perform	Do not Perform

Statements on Standards for Accounting and Review Services (SSARS)

Code & Level of Service	Response		
30 - Reviews of financial statements	Performed	Expect to Perform	Do not Perform
40 - Compilations of financial statements with disclosures	Performed	Expect to Perform	Do not Perform
45 - Compilations of financial statements that omit substantially all disclosures	Performed	Expect to Perform	Do not Perform
50 - Preparation of financial statements with disclosures (with or without disclaimer reports)	Performed	Expect to Perform	Do not Perform
55 - Preparation of financial statements that omit substantially all disclosures (with or without disclaimer reports)	Performed	Expect to Perform	Do not Perform

Statements on Standards for Attestation Engagements (SSAEs)

Code & Level of Service	Response		
61 - Examination Engagements (SSAE)	Performed	Expect to Perform	Do not Perform
62 - Review Engagements (SSAE)	Performed	Expect to Perform	Do not Perform
63 - Agreed-upon Procedures Engagements (SSAE)	Performed	Expect to Perform	Do not Perform

▼ PCAOB Reports

Did/will you submit a Form 2 to the PCAOB that has clients/engagements listed in [Part IV - Audit Clients And Audit Reports](#) (with period ends during your peer review year)?
If 'Yes,' indicate which types of engagements were included on your Form 2, only include those engagements that have period ends during your peer review year.

	Yes	No
--	-----	----

Audit Reports Issued by the Firm for Issuers.

	Yes	No
--	-----	----

Audit Reports Issued by the Firm for Broker Dealers (including required attestation reports).

	Yes	No
--	-----	----

Audit Reports for Issuers Where the Firm Played a Substantial Role in the Audit.

	Yes	No
--	-----	----

Audit Reports for Broker Dealers Where the Firm Played a Substantial Role in the Audit.

	Yes	No
--	-----	----

▼ Independence Standards

Which Independence Standards apply for engagements that you perform?

Select all
<input checked="" type="checkbox"/> AICPA
<input checked="" type="checkbox"/> DOL
<input checked="" type="checkbox"/> GAGAS (GAO Yellow Book)
<input type="checkbox"/> IESBA
<input type="checkbox"/> PCAOB
<input type="checkbox"/> SEC Learn more...
<input type="checkbox"/> Other

▼ Must-Select & Must-Cover Engagements

Select the engagements your firm performed with periods ending during the year that require your firm to undergo a System Review, which may include multiple codes for a single engagement. [Learn more...](#)

Your firm is required to have a System Review if it performs engagements under the Statements on Auditing Standards (SAs), the Government Auditing Standards (Yellow Book), examinations under the Statements on Standards for Attestation Engagements (SSAEs), or engagements under the PCAOB standards, that are not subject to permanent inspection by the PCAOB.

Employee Retirement Income Security Act (ERISA)

☒ 380 - Defined Contribution Plans

Range of Engagements*

1	2-10	11+
---	------	-----

☐ 390 - Defined Benefit Plans

☐ 400 - ERISA Health & Welfare Plans

☐ 403 - ESOP Plans

Federal Deposit Insurance Corporation Improvement Act (FDICIA)

☐ 7 - FDICIA Audits of Federally Insured Depository Institutions (with more than \$500 million or greater, but not more than \$1 billion in beginning total assets) [Learn more...](#)

☐ 8 - FDICIA Audits of Federally Insured Depository Institutions (with more than \$1 billion in beginning total assets and required annual report on internal controls) [Learn more...](#)

Government Auditing Standards (Yellow Book)

☒ 5 - Engagements Under Government Auditing Standards (Yellow Book)(Excluding OMB Single Audit Engagements)

Range of Engagements*

1	2-10	11+
---	------	-----

☒ 13 - OMB Single Audit Engagements Under Government Auditing Standards (Yellow Book)

Range of Engagements*

1	2-10	11+
---	------	-----

Other Government & Compliance Engagements

☒ 325 - State & Local Governments

Range of Engagements*

1	2-10	11+
---	------	-----

Statement on Standards for Attestation Engagements (SSAE)

☐ 312 - Service organizations (SOC 1 Reports)

☐ 313 - Service organizations (SOC 2 Reports)

None-Must Select Must Cover Engagements

☐ 9998 - None of the Must-Select or Must-Cover Industries apply

▼ Other Industries

Select the industries of audits performed by your firm with periods ending during the year (more than one industry code may be used for a single engagement).

Depository and Lending Institutions

Select	Code & Description
<input type="checkbox"/>	125 - Banks, Savings Institutions, & Credit Unions
<input type="checkbox"/>	190 - Finance Companies
<input type="checkbox"/>	250 - Mortgage Banking

Entities with Oil and Gas Producing Activities

Select	Code & Description
<input type="checkbox"/>	180 - Extractive Industries--Oil and Gas
<input type="checkbox"/>	185 - Extractive Industries--Mining

Health Care Entities

Select	Code & Description
<input type="checkbox"/>	210 - Health Maintenance Organizations
<input type="checkbox"/>	216 - Hospitals
<input type="checkbox"/>	217 - Skilled Nursing, intermediate and related facilities
<input type="checkbox"/>	218 - Other healthcare entities

Insurance Companies

Select	Code & Description
<input type="checkbox"/>	200 - Property and Casualty Insurance Co.
<input type="checkbox"/>	240 - Life Insurance Companies
<input type="checkbox"/>	300 - Reinsurance Companies

Investment Companies

Select	Code & Description
<input type="checkbox"/>	230 - Investment Companies and Mutual Funds, including private equity
<input type="checkbox"/>	295 - Real Estate Investment Trusts

Other Government & Compliance Engagements

Select	Code & Description
<input type="checkbox"/>	186 - Federal Student Financial Assistance Programs
<input type="checkbox"/>	205 - Government Contractors
<input type="checkbox"/>	222 - Engagements Under the HUD Consolidated Audit Guide (generally for-profit entities) Learn more...
<input type="checkbox"/>	308 - Rural Utilities Service Borrowers
<input type="checkbox"/>	320 - School Districts
<input type="checkbox"/>	510 - Other Federal Compliance Audit and Attestation Engagements not otherwise identified

Other Industries

Select	Code & Description
<input type="checkbox"/>	110 - Agricultural, Livestock, Forestry & Fishing
<input type="checkbox"/>	115 - Airlines
<input type="checkbox"/>	120 - Auto Dealerships
<input type="checkbox"/>	145 - Gaming
<input type="checkbox"/>	150 - Colleges and Universities
<input type="checkbox"/>	155 - Common Interest Realty Associations
<input type="checkbox"/>	165 - Construction Contractors

<input type="checkbox"/>	195 - Franchisors
<input checked="" type="checkbox"/>	260 - Not-for-Profit Organizations (including voluntary health & welfare organizations)
<input type="checkbox"/>	268 - Personal Financial Statements
<input type="checkbox"/>	314 - Service Organizations (SOC 3 Reports)
<input type="checkbox"/>	330 - Telephone Companies
<input type="checkbox"/>	335 - Utilities
<input type="checkbox"/>	430 - CFTC Broker-Dealers
<input type="checkbox"/>	460 - Entities subject to Regulation Crowdfunding Learn more...
<input type="checkbox"/>	900 - Any type of engagement that would subject the accountant to SEC independence rules
<input type="checkbox"/>	902 - Cyber Security engagements subject to SSAE
<input type="checkbox"/>	903 - Service Organizations (SOC Supply Chain)
<input type="checkbox"/>	904 - Entities with significant roles in the digital assets ecosystem Learn more...
<input type="checkbox"/>	910 - Multiemployer Employee Benefit Plans including Defined Contribution, Defined Benefit, Health & Welfare, or Apprenticeships with ERISA filing requirements

None of the Other Industries apply

Select	Code & Description
<input type="checkbox"/>	9999 - None of the Other Industries apply

▼

Concentrations of Other Industries

Select the individual industries in which over ten percent of your firm's audit hours are concentrated.

Select	Code & Description
<input checked="" type="checkbox"/>	260 - Not-for-Profit Organizations (including voluntary health & welfare organizations)

▼ Firm Quality Control

Has there been any change(s) to the firm's Managing Partner, Quality Control Director (or equivalent), or other senior leadership role(s) that oversee audit and attest engagements?

Yes No Not Applicable

The Statements on Quality Control Standards (SQCS) require that your firm review and or update and communicate changes to staff regarding your Quality Control Documentation (QCD). Please indicate the dates of the most recent update or review of your firm's QCD and communication to staff.

When was the most recent update or review:

Select a date

(or)

Select an appropriate option

I don't remember

My firm continuously reviews and updates its QCD
(multiple times per year)

When was it most recently communicated to staff:

Select a date

5/10/2021

(or)

Select an appropriate option

I don't remember

My firm continuously communicates
QCD changes to staff (multiple times
per year)

N/A-Sole Practitioner

▼ Firm Personnel Information

Enter the number of personnel that provide A&A services (including Owners and/or Sole Practitioners). [Learn more...](#)

Partners (including Owners and/or Sole Practitioners) Managers

1

3

Leased or Per Diem

0

Other professionals

5

Total A&A Personnel in Firm

9

Hint: Minimum 1

Enter the total number of CPAs & PAs for all types of services (including non-A&A services). [Learn more...](#)

Total CPAs & PAs (Including Non-A&A CPAs & PAs)

6

▼ Acknowledgement

Accuracy of Information Provided - To the best of my knowledge and belief, the information submitted is true and correct.

The information submitted has been completed or reviewed by my firm's Peer Review Contact or Managing Partner. In addition, I understand I am required to update my firm's information on this form and other scheduling information for any changes.

This includes whether the firm subsequently

- performs an engagement in a new level of service or industry.
- expects to perform an engagement in a new level of service or industry.
- no longer expects to perform an engagement previously identified and indicated in this Peer Review Information Form as within the scope of peer review.

This also applies whether the year-end (or report date, for financial forecasts, projections, or agreed upon procedures) falls within the peer review year or the period subsequent to it.

I understand that failure to properly represent my firm's practice, may result in my firm's enrollment being dropped or terminated and, if dropped or terminated, will result in referral of the matter for investigation of a possible violation to the appropriate regulatory, monitoring, and enforcement bodies.

I Understand and Accept

▼ Scheduling Form

When do you want to complete the scheduling form?

Complete Now

Complete Later

Discard Changes

Help

Save Changes

<< Back

Submit

Agenda Item 1.5

Standing Task Force Updates

Why is this on the Agenda?

Each of the standing task forces of the PRB will provide this information to the Board at each open session meeting to gather feedback on the nature and timing of agenda items that will be considered in the future. The items included in this report represent an evergreen list that will be continually updated to be responsive to feedback received.

Standards Task Force

Accomplished since last PRB meeting:

- Finalized and published Peer Review Standards Update (PRSU) No. 2, *Reviewing a Firm's System of Quality Management and Omnibus Technical Enhancements*
- Continued review and discussion of a draft Q&A document that addresses “Split-year” considerations for peer reviews of a firm that implements the quality management (QM) standards during its peer review year.
- Discussed and approved conforming revisions to the Q&A for independence considerations in peer reviews, to account for considerations related to the QM standards.
- Continued review and discussion of draft checklists for peer reviewers to use when evaluating a firm’s design, implementation, and operating effectiveness of its system of quality management.
- Held preliminary discussions related to proposed communications (e.g. a reviewer alert) that will provide a framework to assist reviewers when concluding if noncompliance with new or recent professional standards would result in a nonconforming engagement or other system related matters.
- Continued discussions to update the format and content of the Financial Reporting and Disclosure checklist for peer reviewers (PRP 22,300). See agenda item 1.3.

Upcoming tasks:

- Discuss and approve conforming revisions to the Q&A for Issues identified in Peer Reviews and in a Firm’s System of Quality Management, while taking into consideration certain comments provided in response to the PRSU No. 2 exposure draft.
- Finalize and publish the Q&A for “Split-year” peer reviews as described above.
- Publish draft “pilot” versions of the QM checklists noted above, while providing a mechanism for stakeholders to give feedback on the checklists before they are published in the peer review program manual (PRPM).

Oversight Task Force

Accomplished since last PRB meeting:

- Approved Report Acceptance Body (RAB) observation reports
- OTF members performed AE oversights and RAB observations
- Approved AE oversight reports and AE responses
- Reviewed AE benchmark summaries and responses
- Conditionally approved AEs to administer the peer review program until April 1 when AEs report on compliance with 2024 oversight requirements
- Reviewed enhanced oversight reports with comments for consistency
- Monitored results of enhanced oversights
- Discussed the type of feedback issued by AEs as a result of enhanced oversights
- Monitored reviewer performance

Upcoming tasks:

- Conduct orientation for new OTF members
- Approve RAB observation reports
- Approve AE oversight reports and AE responses
- Review AE benchmark summaries
- Approve, conditionally approve, or defer AE plans of administration for 2025
- Review enhanced oversight reports with comments for consistency
- Monitor results of enhanced oversights
- Discuss the type of feedback issued by AEs as a result of enhanced oversights
- Monitor reviewer performance
- Discuss revisions to the AICPA Peer Review Program Oversight Handbook
- Review and approve AICPA Annual Report on Oversight

Education and Communication Task Force

Accomplished since last PRB meeting:

- Published the following on-demand training courses from conference sessions:
 - AICPA Peer Review Must-Select Industry Update: Government Auditing Standards
 - AICPA Peer Review Must-Select Industry Update: Employee Benefit Plans
 - AICPA Peer Review Technical Reviewer Update Course
- Continued analysis of the reviewer pool with the objective of improving the pool where necessary
- Continued monitoring our available courses to determine if improvements should be made to our overall training framework. Additionally, we
 - Held the final AICPA-sponsored virtual offering of the “Becoming an AICPA Peer Review Team or Review Captain: Case Study Application” seminar the week of November 11, 2024.
 - Held the Q4 2024 Peer Reviewer Forum on November 13, 2024.
 - Held an initial training session for RAB members on November 18.
- Developed and published a Reviewer Alert for November 2024.
- Developed and published the Fall 2024 *PR Prompts* newsletter.
- Published the 2024 conference cases after taking into consideration attendee feedback provided by discussion leaders.

Upcoming tasks:

- Continue planning for the 2025 Peer Review Conference and begin developing session content.
- Continue analysis of the reviewer pool and implement plans to improve the pool where necessary.
- Continue monitoring our available courses to determine if improvements should be made to our overall training framework. Additionally,
 - Hold the Q1 2025 Peer Reviewer Forum on February 19, 2025.
 - Hold the first of four 2025 scheduled AICPA-sponsored virtual offering of the “Becoming an AICPA Peer Review Team or Review Captain: Case Study Application” seminar the week of May 19, 2025.
 - Hold the initial broadcast of the “Are you Ready for your Peer Review” live webinar on May 22, 2025.
- Publish the updated Peer Review FAQ document.
- Develop and publish Reviewer Alerts as considered necessary.
- Develop and publish the Spring 2025 *PR Prompts* newsletter.

Agenda Item 1.6**Other Reports****Why is this on the Agenda?**

The purpose of this agenda item is to provide PRB members and other attendees an update on various PRB related activities and initiatives.

Operations Director's Report

In addition to the communications referenced in the update from the ECTF report, we have a high level overview of the 2024 Customer Satisfaction Survey. We received 178 responses, a 7.2% decrease over last year while still garnering a healthy 12.3% response rate. The very satisfied responses showed a 5% increase, while somewhat satisfied had a 13% decrease, resulting in a very + somewhat satisfied rating of 70%. The somewhat satisfied decrease resulted in a decrease to overall satisfaction of 7% from last year. We are still analyzing results and will have more to share in May.

Please save the dates for the Q1 2025 Peer Reviewer Forum on February 19, 2025, and the 2025 Peer Review Conference in San Diego from July 28-30, 2025.

Report from State CPA Society CEOs

Ms. Hay will provide a verbal update on any relevant state society activity or feedback during the meeting on February 12.

Update on the National Peer Review Committee

The NPRC last met on December 12. Since the November PRB meeting, the NPRC has held four RAB meetings. During those meetings:

- 30 reviews have been presented, including
 - 27 Pass
 - 2 Pass with Deficiencies and
 - 1 Fail

The NPRC's next meeting will be held on February 20, 2025.

Agenda Item 1.8A

Firms Dropped from the AICPA Peer Review Program for Noncooperation between October 1, 2024 and December 31, 2024

Enrollment in the Program for the following firms was dropped for noncooperation. Those reenrolled as of January 2, 2025, are denoted by an “*” following the firm name.

Firm Number	Firm Name	State
900010153041	Andrew Meiners	AK
900005812437	Blackston & Associates, P.C.	AL
900010137158	Bobby L. Baker, CPA	AL
900010145346	Ceresa Frenkel PC*	AL
900003836263	David A. Crane & Company, Inc.	AL
900001057623	Gregory E. Williams, CPA LLC*	AL
900010137788	Holder & Company	AL
900010139292	R.L. Fortin, LLC	AL
900001039980	Richard B Williams	AL
900005858613	Seaman, Shinkunas & Lindgren, P.C.	AL
900010114264	W. Cecil Seamon	AL
900010102656	Ballard & Company, Ltd.	AR
900255350327	MLP & Associates CPAs, PLLC	AR
900010108717	P. Andrew Carpenter P. A.	AR
900010115850	Furst & Associates, P.C.	AZ
900011442534	Kari D. Battles, CPA, PLLC	AZ
900255226568	Linda P. Bee, CPA PC	AZ
900004441520	Marjy Johnsen, CPA, PC	AZ
900255351778	Ryan N Pape CPA PLLC	AZ
900010147934	Barry Weiner CPA & Associates Inc.	CA
900005475782	Carol A. Lee, CPA	CA
900010046498	Charles McDonough A. C.*	CA
900005288377	David M. Silva Accountancy Corporation	CA
900008725006	David Tang CPA & Associates Inc.	CA
900011554689	Denny & Company, LLP	CA
900010120030	Eben Lu CPA, APC	CA
900010118052	Elizabeth Arfania Trenbeth Accountancy Corporation	CA
900255270376	Elliot D Buchdruker CPA	CA
900011570970	Fatemeh Vida Jalali	CA
900010141819	Fujikawa & Associate	CA
900001304288	G7 Certified Public Accountants, Inc.	CA
900010093603	Goren, Marcus, Masino & Marsh, CPAs, LLP	CA
900011569049	Hermelinda P. Cortes, CPA	CA
900010117931	Iarussi, Gelhaus & Hauskens, Inc.	CA

Firm Number	Firm Name	State
900010096086	Irvin, Abrahamson & Company CPAs, Inc.	CA
900010124798	Jon A. Moore	CA
900010132918	Kenneth I. Meyer	CA
900006118963	Kevin M Farley, CPA*	CA
900010128488	Kostigen & Associates	CA
900010039485	Krost	CA
900007124041	L&L Accounting and Tax	CA
900255350943	Marvin Tate CPA	CA
900010083900	Melton, Kahyai & Company	CA
900010055227	Pisenti & Brinker LLP	CA
900255189373	Raul Carrega, CPA*	CA
900003922964	Raymond Young, CPA	CA
900010151726	Reynolds Group	CA
900011534609	Richard C. Ginnaty, APC	CA
900004591754	Russell Guy Marshburn	CA
900010129583	Savage & Company	CA
900011510991	Stennes & Sabath, Inc., CPAs	CA
900255347432	Tim Kehl, CPA*	CA
900010102322	Travis L Agle, CPA DBA Agle and Associates	CA
900010150245	Uboldi, Heinke & Velladao, LLP	CA
900005613370	Volkoff, Manyak, Wade & Company, LLP	CA
900005401503	William A Hartung, CPA, CVA	CA
900255324662	William Tilley	CA
900004053614	Younger & Company CPAs*	CA
900010080283	KRG & Associates, PC	CO
900004630222	Shawn T. Gregory, CPA, PC	CO
900001151436	Clifford W. Mollo	CT
900010095254	Kelleher & Company, LLC	CT
900001052603	Roy A. Abramowitz, CPA*	CT
900007525171	Capitol CPA, LLP	DC
900255348821	M.Wilson Accounting & Bookkeeping Services, LLC*	DE
900255323765	Agreda CPA And Consultants, LLC	FL
900005607309	Brian W. Crosland, CPA, PL	FL
900010115834	Fabricant, Weissman & Darby, P. A.	FL
900010131813	Hough, Gelfand & Assoc. P.A.	FL
900001122914	Lane J. Genet CPA, P. A.	FL
900005874307	Ricardo Santos, CPA, PA	FL
900255105137	Stephen M. Musco & Company, P.A.	FL
900256000133	Sunstate Property Accounting Services, Inc	FL
900010084286	W. D. Barnes, CPA	FL

Firm Number	Firm Name	State
900256001141	Arbo, LLC DBA Arbo CPA & Advisors	GA
900255214927	Credible Accounting Solutions, Inc.	GA
900004983662	Dave Murray, CPA PC	GA
900010137996	Denise L. Stout CPA, P. C.	GA
900010142367	Ellen G. Elze CPA, PC	GA
900010097979	Fuller, Frost & Associates, CPAs, P. C.*	GA
900010084300	Hutchins Clenney Rumsey Huckaby, P.C.*	GA
900010093647	Kerker & Fleisher, P. C.	GA
900255347458	Ladson & Associates LLC	GA
900255350944	McKenzie & Company LLC	GA
900010106290	R. Scott Moore CPA, PC	GA
900255348660	R.L. Brown CPA, LLC	GA
900010101924	Richter & Company, LLC*	GA
900010103282	Rosenthal and Kaplin, P.C.	GA
900255248598	Sharlene M. Randolph, CPA, PC	GA
900010127323	Steven J. Oliver	GA
900004832031	The McGee CPA Group PC*	GA
900010090427	Vann Whipple Milligan, P.C.*	GA
900255351830	Xtrategist Financial, LLC	GA
900010141345	Yates & Company, CPA's, PC.	GA
900010137785	Schupick & Associates, P.C.	IA
900010144589	Albert N. Panzeca, CPA Ltd	IL
900256001080	Consourced LLC	IL
900010084415	Craig & Associates, LLC	IL
900005565996	Gene J. Goldberg, Ltd	IL
900010091296	Haran & Associates, Ltd.	IL
900005172611	HDB, LLC	IL
900001013121	Mermel-Goldman, CPAs, LLC*	IL
900255189344	Michelle Heckert CPA LLC	IL
900255348508	SLD & Associates Ltd.*	IL
900256000055	Wilbert A. Howard, CPA	IL
900010139061	Douglas A. Latham, CPA	IN
900010032411	Homer, Wilson & Co., Ltd.	IN
900005129399	Patrick Sanders and Company, P.C.	IN
900010135241	Pickart & Associates, P. C.	IN
900010137715	Daryl L. Blick	KS
900001070462	DLM & Company, PLC	KY
900001147960	Glenda Gay Oliver, CPA	KY
900007034468	Integrative Accounting Solutions, PLLC	KY
900255351409	Leachman Consulting, Inc.	KY

Firm Number	Firm Name	State
900005583726	Ann M Taylor, Certified Public Accountant, P.C.*	MA
900010148346	Bernice F. Lord	MA
900001014883	Blanchette, Jean & Company	MA
900008151337	Crepeau & Associate P.C.*	MA
900010146685	Finer & Finer	MA
900000570181	Lloyd B. McManus CPA, P. C.	MA
900255329302	Nicholas A. Papakyrikos, CPA, PC	MA
900010142519	Potter & Szabo CPA PC*	MA
900255347119	Solomon Leung	MA
900011721373	Thomas F. Wheeler, CPA	MA
900010096362	Wallace, Savage & Davis, P.C.*	MA
900006578118	Alexander Gibbs Chartered	MD
900255351063	Jessica Eller, CPA	MD
900255349095	Karam Accounting, Inc	MD
900256000979	MRC Services LLC	MD
900010124292	William W. Dean CPA	ME
900256000612	Benjamin Brown CPA PC	MI
900000533055	John J. Mahoney CPA, P. C.	MI
900010114713	K. Galloway & Co, CPA, PC*	MI
900010085297	Karl Haier CPA PC	MI
900010141273	The Business Doctor, CPA, PC	MI
900010145514	The CPA Group, PC*	MI
900010081974	Mayer, Porter & Nelson, Ltd.	MN
900010139325	Lewis and Associates, PC	MO
900010030248	Mengwasser, Martin, Lall & Clark, PC*	MO
900010091095	HowellRomines, PLLC	MS
900255347859	Jennifer O'Quinn, CPA, PLLC	MS
900010114899	McNeel CPA	MS
900010063877	Michael D. Tolleson, CPA, PA*	MS
900255351196	The Myles CPA Firm PLLC	MS
900011369309	VCB Consulting, PLLC	MT
900011374991	Paul Rothrock Hoffner Jr. CPA	NC
900081509096	Paul T. Hoying, CPA, P.C.	NC
900255349496	Steven M. Apa, CPA	NC
900004293645	Watson, Cooke & Jones, P.A.	NC
900010105211	St. Pierre & Company	NH
900010153168	Allan B. Schwartz	NJ
900255192323	Anthony Sierra, CPA, LLC	NJ
900010102433	Berkower LLC*	NJ
900001111797	Blaha & Pollaro PC	NJ

Firm Number	Firm Name	State
900005615053	Casazza and Ur Public Accountants LLC	NJ
900010108023	Charles A. Lambiase	NJ
900256000729	Christina M. Davis, CPA	NJ
900010008288	Franchino DeLargy, LLP*	NJ
900010082877	Howard Azer & Associates, P. A.	NJ
900011462409	Hutman & Hutman LLP	NJ
900010139411	Kayode Agunbiade & Co	NJ
900003896914	KRS CPAs, LLC*	NJ
900002129665	Nowalk, Koehler & Company LLC	NJ
900010149438	Olugbenga Olabintan, CPA	NJ
900006117677	RJSACCO & CO LLP	NJ
900255192440	Shlomo Donn	NJ
900256001149	Brindisi & Cecchi CPA's PC	NY
900003949714	DANIEL R. CUDDY, CPA, LLC	NY
900255349803	David Dukoff CPA PC	NY
900010136903	Del Rey, Tanzi, Guglietta, D'ambrosi, CPAs, LLP	NY
900010040027	LaMarco, Baron, Orbuch & Company, LLP	NY
900255349529	Michael Spector CPA PC	NY
900256000073	R Katz CPA PC*	NY
900010149094	Raymond G. Preusser CPA, PC*	NY
900001181144	Slatky & Slatky CPAs, P.C.	NY
900001067405	Valera & Clarke	NY
900010112075	David B Saba CPA	OH
900010121702	James L. Ruthsatz CPA, Inc*	OH
900255348991	Ryan and Associates	OH
900007602200	Craddock Financial Management, PLLC	OK
900010032559	Horne & Company, P. C.	OK
900010130158	Keith E. Stingley, CPA	OK
900010081600	Ornelas & Morris CPA's P. C.*	OK
900010095475	Timothy A. Whipps	OK
900010084575	Wright, McAfee, Hoch & Co., C.P.A.'s A Professional Corporation*	OK
900009324673	Anne M Prior LLC	OR
900010095675	BrownArmstrong, A Professional Corporation	OR
900010124783	Fred L. Carter, CPA	OR
900010136817	Ortquist & Associates PC.	OR
900255347875	Phil Hutsell, LLC	OR
900004970343	Robert W. Bennett CPA PC	OR
900010155385	David W Hagstrom, CPA, P.C.	PA
900008927996	CPA Annette Sanchez Rodriguez, LLC	PR
900010141629	CPA Gilberto Gomez Ortiz & Co. PSC	PR

Firm Number	Firm Name	State
900005755470	Wilbert F. Davila Cortes CPA & Assoc. PSC	PR
900000657849	Henry L. Paulhus Jr	RI
900255179774	Bradford E. Love, CPA, LLC	SC
900255181895	Rudy Raborn, CPA LLC	SC
900010147083	Donna B. Walker, CPA*	TN
900255349433	Rick Harrison, CPA	TN
900256000059	ACSS CPA LLC	TX
900255183422	Bruce Lawrence, PLLC	TX
900256000512	Clyde D Mackey, CPA	TX
900255188275	Constantine Sotiriades, CPA	TX
900011975655	Dian C. Bentley, CPA	TX
900256000702	HTL International LLC	TX
900255348713	Hudgens CPA, PLLC	TX
900011313850	Jay W. Dale	TX
900008477188	Karl Locker CPA PC	TX
900255352189	Marley Barker CPA	TX
900001179998	Reyna CPAs, PLLC	TX
900010140196	S. J. Fimian	TX
900004625326	Silva Mejia & Delgado, LP	TX
900011447611	Stephen Hearrell, CPA	TX
900255350793	Thomas Cunningham, CPA, LLC	TX
900255350937	Timothy A. Phillips, CPA, PC	TX
900255349535	Tom Crews, CPA PLLC	TX
900256000204	Wesley F Crowley II CPA*	TX
900011465296	Tax Accounting Corporation of America	UT
900010144124	Frank Barcalow CPA, PLLC	VA
900255183633	Wai & Associates, PLLC	VA
900010099192	Worcester and Ganzert, CPA, PC*	VA
900007531821	Joseph A. Wagner, CPA, PLLC	VT
900010097623	Gooding O'Hara & Mackey PS CPAs*	WA
900255352195	Robinson & Associates PLLC	WA
900001157959	Michael M. Koscinski, CPA	WI
900255180885	Autrey & Toler, AC	WV
900000537115	Howard J. Mann CPA AC*	WV
900001050448	Vandevander & Nypl, CPAs, A.C.	WV

Firms Whose Enrollment Was Terminated from the AICPA Peer Review Program between October 1, 2024 and December 31, 2024

The AICPA Peer Review Board terminated the following firms' enrollment in the AICPA Peer Review Program for failure to cooperate or comply with the requirements of the program. Firm terminations are also published at <https://www.aicpa-cima.com/resources/download/peer-review-firm-terminations>.

Failure to complete a corrective action:

The firms did not complete corrective actions or implementation plans designed to remediate deficiencies identified in the firms' most recent peer review.

Angelo J. Milone, C.P.A., P.C. – Yonkers, NY
 C3 Advisory, LLC – Pittsford, NY
 Cameron & Furman CPAs PLLC – Wake Forest, NC
 Cobb and Suskie, Ltd. – Little Rock, AR
 Damore, Hamric & Schneider, Inc. – Sacramento, CA
 e3 CPA Group LLC – Wildwood, MO
 Hiestand and Company PC – Grand Rapids, MI
 Joseph L. Whitaker CPA, LLC – Springfield, PA
 KMLA Group PC – Wilkes Barre, PA
 Li, Xu & Associates, CPA, PLLC – Mineola, NY
 M. V. Casper & Co. – Canton, OH
 Palmisano & Associates, Inc. – Independence, OH
 Thibedeau & Company, P. C. – Fargo, ND
 Weigel & Co., PLLC – West Des Moines, IA

Seriously deficient performance:

The firm was found to be so seriously deficient in its performance that education and remedial, corrective actions are not adequate.

Susan M. Bowman CPA, LLC – Fargo, ND

Failing to complete its peer review after it has commenced:

The firms did not timely submit to its administering entity documents required to complete the acceptance process of its peer review.

Dobridge & Company P.C. – Mesa, AZ
 Resnick & Newman, LLP – Tarrytown, NY
 Robert A. Doll Jr. – Somerville, TN
 Timpson Garcia, LLP – Oakland, CA

Consecutive non-pass reports in system reviews:

The firms failed to design a system of quality control, and/or sufficiently comply with such a system, that would provide reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects, such that the firms received consecutive pass with deficiency or fail reports.

Craig Shaffer & Associates, Ltd – Des Plaines, IL
 Donald R. Reynolds – Redding, CA
 Richard G Hawk, CPA – Conway, SC
 WBM2, LLP. – Larkspur, CA

Consecutive non-pass reports in engagement reviews:

The firm continually failed to perform and report on engagements selected for peer review in conformity with applicable professional standards in all material respects, such that the firm received consecutive pass with deficiency or fail reports.

Tippecanoe CPA Group LLC – Winamac, IN

Failing to provide documentation:

The firms did not provide documentation required to complete the acceptance process of its review.

Mitchell J. Merkel, CPA, P.C – Ellendale, ND
 Sceggel Accounting Services, Inc. – Darien, IL

Failing to respond to inquiries once the review has commenced:

The firm did not respond to inquiries or provide information necessary to ensure its review was accepted and completed once it had commenced.

Kimmons, Harmon, & Co.– Eastman, GA

Failing to submit signed acknowledgement letters:

The firm did not timely submit evidence of agreement to perform remedial actions as required as a condition of completion of its peer review.

R.J. Ricciardi, Inc. Certified Public Accountants – Novato, CA

Failing to correct deficiencies or significant deficiencies after consecutive corrective actions:

The firms failed to correct deficiencies or significant deficiencies after consecutive corrective actions required by the peer review committee on the same peer review.

Swift & Associates CPAs – Muncie, IN
 Tepper, Tepper & Koprowski, CPA – North Baldwin, NY

Agenda Item 1.8B**Compliance Update - Firm Noncooperation and Noncompliance****Why is this on the Agenda?**

This is an informational item to keep AICPA Peer Review Board (PRB) members informed about firm noncooperation and noncompliance, such as drops and terminations.

Hearings, Drops and Terminations**Firm Hearing Referrals**

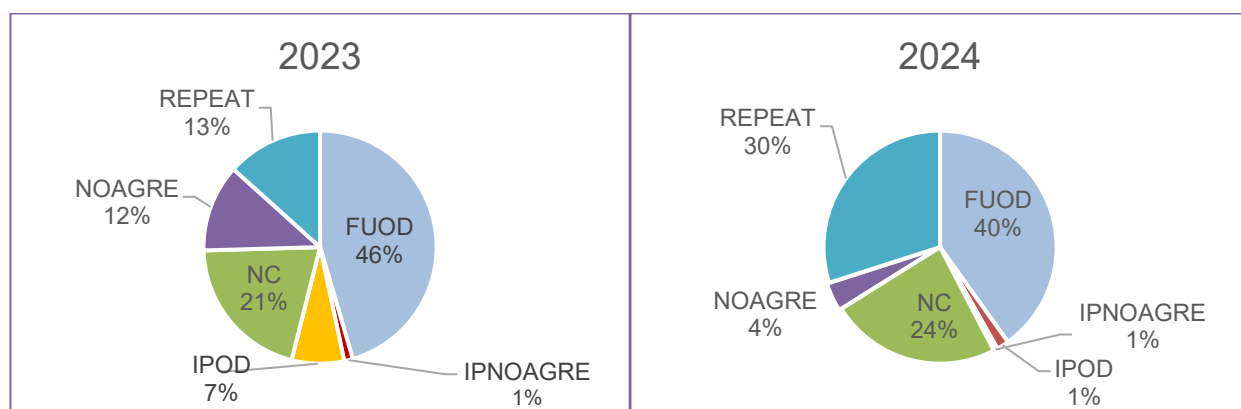
Referrals are firm noncooperation or noncompliance cases for which the administering entity (AE) has submitted documentation to AICPA staff to proceed with a termination hearing.

Termination hearings align closely with the Enhancing Audit Quality (EAQ) initiatives. The table below shows overall hearing referral volume through December 31, 2024:



The decrease shown in 2020 relates to several temporary changes made by the AICPA Peer Review Program (PRP) in response to the coronavirus impact on firms, providing firms with additional time to complete peer reviews, corrective actions, and implementation plans. Since that time, normal operations have resumed, and volume appears to have returned to a normalized level.

The types of matters for which firms are referred for termination hearings were as follows:



Legend:	
FUOD/IPOD	Failure to complete corrective action(s) or implementation plan
NC	General noncooperation (includes completeness activities/material omission from scope, failure to undergo/complete peer review, failure to improve after consecutive corrective actions, etc.)
NOAGRE/IPNOAGRE	Failure to agree to corrective action or implementation plan, including those subsequently revised upon firm request.
REPEAT	Failure to receive a pass report rating after consecutive non-pass peer reviews

In 2023, there was a slight decrease in the percentage of firms referred for failure to receive a pass report rating after consecutive non-pass peer reviews (reflected in the REPEAT category above) and corresponding increases in other types of matters. In 2024, the impacts of investments made in automated delivery of the warning required by guidance, continued education and monitoring have resulted in an increase in REPEAT referrals. This aligns with EAQ initiatives and the overall objective of the program.

Firm Enrollment Drops

A firm's enrollment may be dropped from the PRP without a hearing prior to the commencement of a review for failure to submit requested information concerning the arrangement or scheduling of its peer review or timely submit requested information necessary to plan or perform the peer review. A detailed list of noncooperation reasons that may lead to a drop is included in the [AICPA Standards for Performing and Reporting on Peer Reviews](#) (PR-C 300.12, .A6-.A7) (previously in the [Peer Review Board Drop Resolution](#) included in Interpretation 5h-1).

Although warning letters are sent, staff does not perform mediation outreach to firms that may be dropped. Firms whose enrollment will be dropped from the PRP are sent to PRB members for approval via negative clearance. Once approved, dropped firms are reported in a monthly communication to state boards of accountancy Executive Directors and State Society CEOs and maintained on a listing for AEs. Dropped firms with AICPA members are reported in PRB open session materials. Firms may appeal an enrollment drop from the PRP and mediation is attempted for firms filing an appeal. Drop appeals received through December 31, 2024, are shown below:

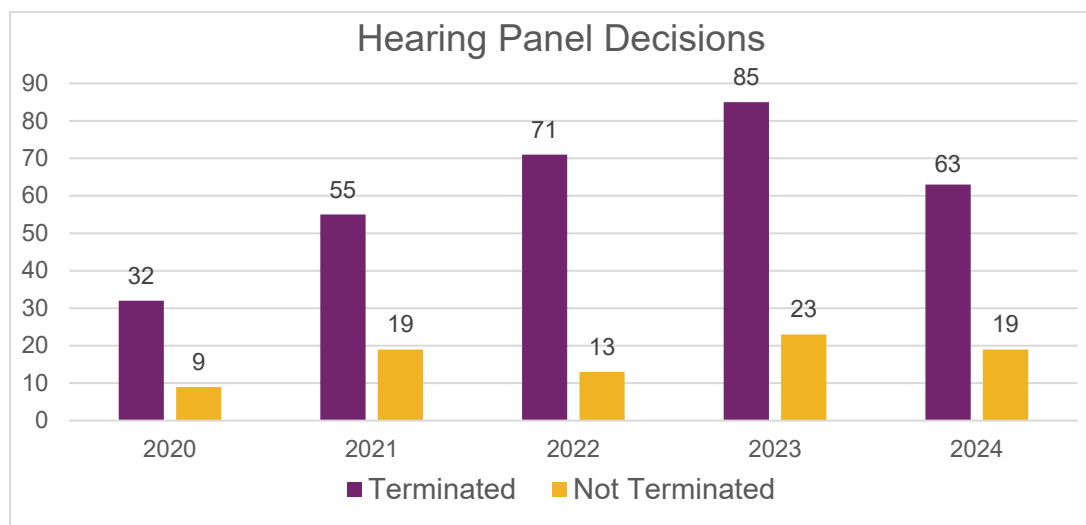
<u>Action/Status</u>	<u>Number</u>
Appeals received	17
Less:	
Reenrolled prior to appeal hearing	<u>12</u>
Awaiting appeal panel	<u>5</u>

Firm Enrollment Terminations

A firm's enrollment may be terminated for other failures to cooperate or comply with the PRP (typically after the commencement of a review). A detailed list of reasons that may lead to termination is included in the [AICPA Standards for Performing and Reporting on Peer Reviews](#) (PR-C 300.13) (previously in the [Peer Review Board Termination Resolution](#) (Interpretation 5h-1) on aicpa.org. Terminations from the PRP must be decided upon by a hearing panel of the PRB. Firm terminations are reported in a monthly communication to state boards of accountancy Executive Directors and State Society CEOs and maintained on a listing for AEs. Terminated firms with AICPA members are reported in PRB open session materials and [published on aicpa.org](#).

This agenda item includes statistics of both firms with and firms without AICPA members.

A summary of firm hearing panel decisions over the past five years is shown below:



Terminated decisions reported above represent hearing panel decisions to terminate a firm's enrollment in the PRP, including firms within their available appeal period, and firms that acknowledged the charges and were terminated without a hearing.

Firms not terminated reported above represent a hearing panel decision not to terminate the firm's enrollment. In such cases, hearing panels may require corrective, remedial actions to remain enrolled. Situations that may warrant additional corrective actions include changes in a firm's practice or practice areas. Examples of additional corrective actions include, but are not limited to:

- Replacement review (omission cases)
- Formalization (in writing) of a firm's decision to limit practice in a certain industry or engagement type or
- Pre-issuance or post-issuance review

Situations that may warrant no additional corrective actions include, but are not limited to, when a firm has undertaken aggressive remediation of its system of quality control and is able to evidence engagement quality improvement. In the rare circumstance that additional corrective actions are not required, the review continues uninterrupted. For example, any outstanding corrective actions would need to be completed and accepted before the review is completed.

The decisions shown in 2020 reflects the previously mentioned temporary changes made by the PRP in response to the coronavirus impact on firms.

This summary does not reflect:

- Later decisions by an appeal mechanism to reverse or modify PRB hearing panel termination decisions or
- Cases successfully mediated or for which the underlying cause is resolved (stopped hearings)

Firm Reenrollments

If a firm's enrollment in the PRP is dropped or terminated, it should address or remediate the cause of the drop or termination to be considered for reenrollment. For example, a firm terminated for failure to complete a corrective action may be reenrolled by completing the corrective action to the peer review committee's satisfaction. However, reenrollment requests for some firms must be considered by a hearing panel (PR-C 300.16 .A14). These include firms:

- Dropped for not accurately representing its accounting and auditing practice;
- Terminated for:
 - Omission or misrepresentation of information relating to its accounting and auditing practice;
 - Failure to improve after consecutive non-pass peer reviews; and
 - Failure to improve after consecutive corrective actions

Reenrollment approvals by a hearing panel may be contingent upon required action(s), such as a successful pre- or post-issuance review of a particular engagement type. Such required actions are a condition of reenrollment and, as such, evidence of satisfaction of the required action must be completed (attached to the reenrollment case in PRIMA) at the time of reenrollment. During 2024, nine reenrollment requests were considered, resulting in two approved with conditions, three approved, two denied, and two scheduled for consideration in January 2025.

PRB Observers

Sharon Romere-Nix	Tracy Taylor
Reza Mahbod	Deidre Budahl
Ivory Bare	Marilee Lau
Kary Arnold	Ardis Kelley
Marc Feinstein	Wendy Garvin
Gloria Roberts	Katie Cheek
Heather Trower	Fausto Hinojosa
Jennifer Winters	Robert Vachon
Linda Gabor	Mark Sotichack
Thomas Cordell	Kristi Justice
Lynette Lindner	Alex Bowers
Bethany Booth	Nancy Glynn
Richard Hill	Alma J Velez
Marissa Brooks	J. Franco
Darlene Boles	Suzanne Heidenreich
Stacey Lockwood	Raegen Nuffer
Faye Hayhurst	Jodey Altier
Jessica Mytrohovich	Kate Dixon
Blaine Peterson	Mary Beth Halpern
Lisa Benefield	Paul Pierson
Bomani Brown	Ken Whitener
Adelina Burke	Peggy Jury
Karen Guerra	Courtney Moore
Laura Harrison	Julie Salvaggio
Sarah Hardee	Allison Heny
Mark Mersmann	
Thomas Bowns	
Hunter Cook	
Heather Lindquist	
Ashley Plyushko	
Dipesh Patel	
Samuel Winfield, CPA	
Jason Peery	
Stephen Young	
Christine Wells	
Jeannine Birmingham	
Chika Okoro	
Aiysha Johnson	
Chuck Jordan	
Julie McNeal	
Glenn Roe	
William Bailey	
Mark Harris	
Neil Dewan	
Melinda Hart	
Paul Brown	
Chris Rouse	



AICPA[®]

Peer Review
Program

PEER REVIEW DEFICIENT REPORTS & MONITORING

NASBA Peer Review Compliance Committee (PRCC) - April 2025

BEST PRACTICES FOR DEFICIENT PEER REVIEW REPORTS AND MONITORING OF FIRM COMPLIANCE

These suggested best practices are presented by the Peer Review Compliance Committee (PRCC) of the National Association of State Boards of Accountancy (NASBA). Currently, pass with deficiencies and fail peer review reports are being handled differently by each State Accountancy Board (Board).

The PRCC is recommending best practices for Boards to consider when dealing with pass with deficiencies or fail reports as well as other peer review monitoring, recognizing not every Board will be able to implement these recommendations due to their own rules and regulations or other constraints specific to each jurisdiction. Utilization of these best practices by all Boards could increase consistency from state to state.

Facilitated State Board Access (FSBA) is a secure state board of accountancy access-only website, developed and managed by the AICPA, that gives state board staff access to certain peer review documents and information. Access and available information are determined by the applicable law and rules in each jurisdiction. It is recommended that Board staff use this resource as part of their peer review monitoring and compliance efforts, if state law and/or rule permits.

In the following recommended best practice, when it is suggested that the “Board” take action, it is intended to mean the Board, its staff, or another group designated by the Board.

These best practices are intended for firms that receive Pass with Deficiency or Fail peer review report ratings.

- Initial peer review refers to the first time a firm has received a peer review report with less than a pass rating.
- Consecutive peer review refers to the second or subsequent peer review report issued for the firm with less than a pass rating.

RESULTS FROM INITIAL PEER REVIEW (PASS WITH DEFICIENCIES OR FAIL)

Board monitoring may include the following:

- Review the firm’s report, letter of response to the deficiencies and all required corrective actions.
- Monitor the firm’s compliance with the corrective actions to ensure they are completed within the timelines established by the Administering Entity (AE).
- Monitor the firm until the final Letter of Completion has been issued. The Board may make note of the firm’s next due date for peer review.
- Once the Letter of Completion has been issued, a letter from the Board may be sent notifying the firm that if a subsequent review other than pass is obtained it could result in disciplinary action (if regulations and rules permit).

Firm Non-Compliance Monitoring:

- If the firm is not in compliance with one or more requirements of the peer review program, the Board may consider issuing a warning letter notifying the firm that the Board may take action against the firm for failure to comply with the peer review requirements.
- If the firm does not respond to the Board’s warning letter with appropriate action, the firm should then be referred to the enforcement arm of the Board. The Board should take action based on the failure of the firm to comply with the peer review program and requirements.
- If the deficiencies are significant the Board may want to take action immediately.

CONSECUTIVE RESULTS AFTER A PASS WITH DEFICIENCIES

SUBSEQUENT RATING OF PASS WITH DEFICIENCIES

Board monitoring may include the following:

- Review of the past and current reports to identify if the previous deficiencies were resolved.
- Review the current report to determine if the latest pass with deficiencies is due to new systemic issues (on system reviews) or new engagement issues (on engagement reviews). If the firm corrected its previous deficiencies, the Board could determine that the firm is cooperating.
- If corrective action is required, continue Board monitoring of the firm's compliance with the new remedial actions.
- Consider sending a letter to the firm with a reminder of the significance of receiving two consecutive pass with deficiencies peer review reports, which could be considered failure to comply with the peer review requirements.
- If any of the prior deficiencies have not been resolved and are deemed to be significant, the Board should make a referral to the enforcement arm of the Board for its determination.

Note: Boards might not want to wait three years to make the determination that "all is well," especially if the review includes must-select engagements (ERISA, Yellow Book, Single Audit, FDICIA, and SOC). The Board could require the firm to request an accelerated peer review.

SUBSEQUENT RATING OF FAIL

Board monitoring may include the following:

- In most instances when a firm receives a fail after a pass with deficiencies, the Board should refer the firm to the enforcement arm of the Board and let it make the determination as to whether any additional actions should be required.
- If immediate discipline is warranted, a case may be opened and an investigator assigned to determine the issues. In some cases, a firm may be willing to stop performing the services which contributed to the fail report and may have entered into such an agreement with the Administering Entity of the Peer Review Program.
- If this is the case, the Board should require a similar signed acknowledgement from the firm for the enforcement record.
- Otherwise, the firm is monitored for compliance with the outstanding corrective actions and if they are not completed within the timelines established by the AE, the firm should be referred to the enforcement arm of the Board.

CONSECUTIVE RESULTS AFTER A FAIL

SUBSEQUENT RATING OF PASS WITH DEFICIENCIES

Board monitoring may include the following:

- In most instances where a firm receives a pass with deficiencies after a fail, the Board might consider carefully reviewing the circumstances of the current pass with deficiencies.
- If there are any repeat deficiencies, the PROC (or its equivalent as designated by the Board) should refer the firm to the enforcement arm of the Board and let it make the determination as to whether any additional actions should be required.
- If all of the deficiencies are new, the PROC (or its equivalent as designated by the Board) could make the determination if it believes the firm has been responsive in its letter of response and that the corrective actions will correct the deficiencies.
- The Board may monitor the firm's compliance with the corrective actions and if they are not completed within the timelines established by the AE, the firm should be referred to the enforcement arm of the Board.

SUBSEQUENT RATING OF FAIL

Board monitoring may include the following:

- A firm receiving two consecutive fails should be sent to the Board's enforcement arm for review and determination if an enforcement file should be opened.
- If this is done, an investigation should determine whether there is sufficient evidence to bring charges against the firm.
- If the investigation determines there are deficiencies with the firm's engagements, stipulated agreement terms with the firm could include requiring the firm to request an accelerated peer review, pre-issuance review of attest work until the firm obtains a peer review rating of pass, additional continuing education, and any other requirements as warranted by the Board.
- In some cases, a firm may be willing to stop performing the services which contributed to the fail report and may have entered into such an agreement with the AE. If this is the case, the Board should require a similar signed acknowledgement from the firm for the enforcement record.

TERMINATION & DROPPED FIRMS FROM THE PEER REVIEW PROGRAM

Each month the AICPA provides Boards with a listing of firms whose enrollment in the peer review program was terminated or dropped.

TERMINATION OF FIRMS

The termination by the Peer Review Board Hearing Panel (PRB) may be for failure to cooperate in all matters related to the program or comply with the requirements of the program.

- The Board should consider sending the terminated firm a letter to notify it that the firm is no longer authorized to perform attestation services and was referred to the Board's enforcement arm.
- Should a Board receive a peer review report or acceptance letter from the firm any time after the Board has been notified of the firm's termination in the peer review program, the Board may wish to verify the validity of such information using FSBA.

DROPPED FIRMS

A firm's enrollment in the AICPA Peer Review Program may be dropped by the PRB without a hearing for failure to cooperate with the program. A firm may be dropped for failure to submit requested information concerning the scheduling of its peer review or timely submission of required documents to commence the peer review.

Board monitoring may include the following:

- Upon receipt of notification that the firm has been dropped, the Board should consider notifying the firm and require a written response that action is being taken to comply with the requirements for peer review.
- The firm may subsequently re-enroll in the program by either completing required actions or in certain conditions, through approval by the PRB Hearing Panel.
- The firm may respond that it no longer performs attestation services, requiring a peer review.
- If the firm does not respond to the Board's request for a written response, the firm may be referred to the enforcement arm of the Board.
- Should a Board receive a peer review report or acceptance letter from the firm any time after the Board has been notified of the firm's termination in the peer review program, the Board may wish to verify the validity of such information using FSBA.

Consistency amongst all Boards addressing pass with deficiencies and fail peer review reports could be increased by Boards implementing the best practices presented here in conjunction with their own rules and regulations.

Thomas Cordell

From: AICPA Peer Review Support <prsupport@aicpa.org>
Sent: Tuesday, April 8, 2025 10:11 AM
To: Thomas Cordell
Cc: Jennifer Winters
Subject: Peer Review Support Request I-480231 - Comments Added

Your Peer Review Support Request **I-480231** has been updated with new comments. Your reply to this email will be captured in the incident.

Summary: AICPA/PRIMA look up

Good morning,

We just received a message for IT there is a glitch in PRIMA with pulling up firms. They didn't give us an ETA but is aware and working on the issue. A message should appear in PRIMA soon.

Otherwise, the firm may need to provide you access and OPT IN via the instructions on the following Help article below.

We think you will find the following article helpful. Click on the article name to view: [Updating Elections in FSBA/SBOA Sharing and/or Expanding Access](#)

Best regards,

Myra Pittman

Peer Review Support

Association of International Certified Professional Accountants

[AICPA](#) | [CIMA](#)

AICPA Peer Review Hotline: 919.402.4502 or prsupport@aicpa.org

AICPA Member Service: 888.777.7077 or service@aicpa.org

CIMA: cimaglobal.com/Contact-us/

This message, including any attachments, may contain confidential information intended for a specific individual and purpose and is protected by law. If you are not the intended recipient, please delete it. Any disclosure, copying or distribution of this message is strictly prohibited. Views expressed by AICPA employees are expressed for purposes of deliberation, providing member services and other purposes exclusive of practicing public accounting. Views expressed by AICPA staff do not necessarily represent the official views of the AICPA unless otherwise noted. Official AICPA positions are determined through certain specific committee procedures, due process and deliberation

From: Thomas.Cordell@nysed.gov
Date: Tuesday, April 08, 2025 09:17 AM
To: prsupport@aicpa.org

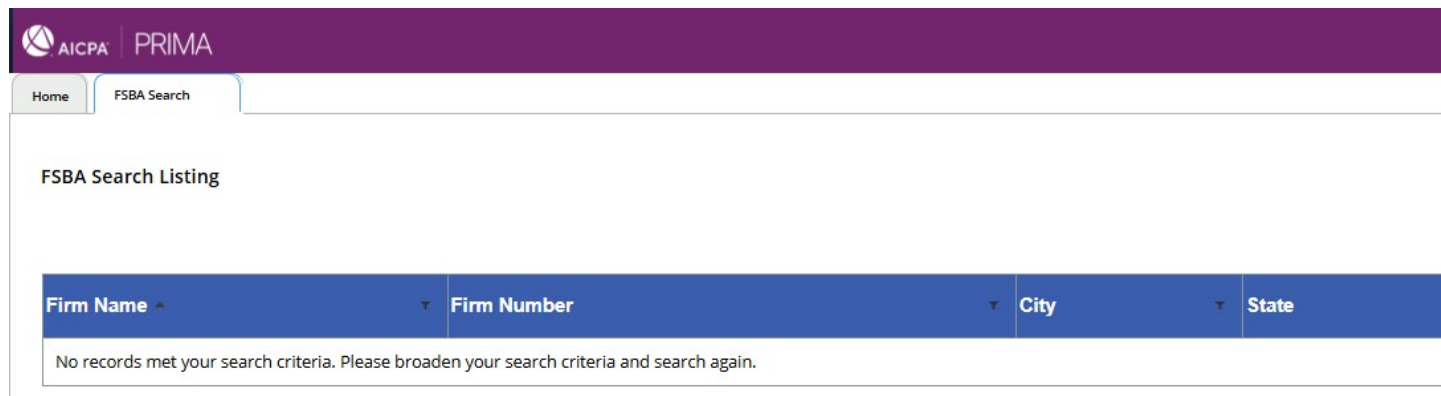
CC: Jennifer.Winters@nysed.gov

Subject: AICPA/PRIMA look up

This message is from an EXTERNAL SENDER - be mindful of links and attachments.

Good Morning,

We are currently unable to look up any firm on the AICPA/PRIMA search (screenshot below). We have tried many firms, and each one has yielded no results. Is the search function currently down? Please advise.



AICPA | PRIMA

Home | FSBA Search

FSBA Search Listing

Firm Name	Firm Number	City	State
No records met your search criteria. Please broaden your search criteria and search again.			

Thanks,
Thomas Cordell
Auditor 2

New York State Education Department
Office of the Professions
State Board for Public Accountancy
2nd Floor, East Wing
89 Washington Avenue
Albany, NY 12234

Phone: 518-474-3817 ext. 160
Fax:(518) 474-6375

<https://www.op.nysed.gov/certified-shorthand-reporting>

<https://www.op.nysed.gov/certified-public-accountants>

<https://www.op.nysed.gov/professions/certified-public-accountants/mandatory-peer-review>

Confidentiality Notice

This email including all attachments is confidential and intended solely for the use of the individual or entity to which it is addressed. This communication may contain information that is protected from disclosure under State and/or Federal law. Please notify the sender immediately if you have received this communication in error and delete this email from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.



March 18, 2024

Denise LeDuc Froemming, CPA, CAE, MBA, President & CEO
Lawrence Mitchell, CPA, Peer Review Committee Chair
Rich Simitian, CPA, Director, Peer Review
California Society of CPAs
500 Capitol Mall, Suite 2350
Sacramento, CA 95814

Dear Ms. Froemming, Mr. Mitchell, and Mr. Simitian:

The Oversight Task Force received your report on the status of monitoring and completing open reviews, including reviews with open corrective actions and implementation plans ("open reviews").

Based on your actions, as detailed in the information provided, no further reporting to OTF is required. To avoid recurrence of the deficiency noted during your oversight, please continue monitoring the status of open reviews and taking applicable actions to complete reviews timely.

We appreciate your diligence in addressing these items, as well as your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair, Oversight Task Force
AICPA Peer Review Board



June 22, 2023

Denise Froemming, CPA, President & CEO
Lawrence Mitchell, CPA, Peer Review Committee Chair
Rich Simitian, CPA, Interim Peer Review Director
California Society of CPAs
1710 Gilbreth Road
Burlingame, CA 94010

Dear Ms. Froemming, Mr. Mitchell, and Mr. Simitian:

On June 21, 2023, the AICPA Peer Review Board Oversight Task Force (OTF) accepted the report and letter of procedures and observations on the most recent oversight for the California Society of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The OTF accepted the aforementioned documents with the understanding that appropriate monitoring steps will be implemented, as outlined in your response, to avoid future recurrences of the deficiencies noted.

To assist with the OTF's monitoring, by July 31, 2023, and every 60 days thereafter, please report to the OTF on the status of monitoring and completing open reviews, including reviews with open corrective actions and implementation plans. This will continue until the OTF determines that monitoring and completing open reviews has improved.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board

Oversight Report

January 25, 2023

To the Peer Review Committee of the California Society of CPAs:

We have reviewed the California Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The California Society of CPAs is responsible for administering the program in California, Alaska, and Arizona. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded, except for the deficiencies described below, that the California Society of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

During our oversight, we discussed the Administrative Site Visit performed remotely in 2021 by a Peer Review Oversight Committee (PROC). Through discussions with administering entity staff, we learned that a state board of accountancy employee also attended the Administrative Site Visit while the PROC members reviewed a sample of peer reviews with administering entity staff. This information is considered confidential, and the standards do not allow administering entities to disclose that information to anyone not administering or carrying out the program. We recommend that the administering entity review the standards related to confidentiality. We further recommend that the administering entity design and implement policies and procedures to ensure that only authorized individuals are allowed access to confidential information and to attend meetings at which peer reviews are discussed.

During our oversight, we reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. We noted a significant number of open reviews with due dates as of and prior to December 31, 2021 that did not appear to be actively monitored for completion. This included not identifying stalled reviews, not sending overdue letters to firms and reviewers as required or performing outreach when applicable, and not timely referring firms to the board for potential termination due to noncooperation. In multiple instances, the process for initiating the firm's next peer review was delayed because the firm's prior review had not been completed. We recommend that the administering entity develop policies and procedures to actively monitor open reviews, including those with overdue corrective actions or implementation plans, so that reviews are completed timely. We further recommend that the administering entity periodically provide updates on the status of open reviews to the peer review committee.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.



April Boudreaux, Member, Oversight Task Force
AICPA Peer Review Board



January 25, 2023

To the Peer Review Committee of the California Society of CPAs:

We have reviewed the California Society of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated January 25, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on November 16 – 18, 2022 and January 25, 2023, Laurel Gron, AICPA Peer Review Program Associate Director, and I met with the President and CEO, Peer Review Director, who serves as the CPA on staff, administrators, technical reviewers, and peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and administrators to review the program's administration. Except as described in the report, we believe the administrative processes were being handled in a manner consistent with peer review standards.

We noted committee decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, we noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

We met with the technical reviewers to discuss procedures. Based upon the review of the information provided, we determined that all technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews being presented to the report acceptance bodies (RABs) on November 17, 2022. We noted a review in which technical matters had not been sufficiently addressed by the technical reviewer, resulting in extended discussion by the RAB, as well as deferral of the review.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff

We met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, we determined that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

Before the November 17, 2022 RAB meeting, we noted one review in the RAB package included a SOC 1 engagement but no RAB members with current experience in this must-select engagement were scheduled to participate in the RAB meeting. As a result of our comment, this review was removed from the agenda before the meeting.

RAB and Peer Review Committee Procedures

We met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

There were three concurrent RAB meetings on November 17, 2022 and we observed the acceptance process in each meeting and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, on one review, we noted technical matters were not sufficiently addressed by the technical reviewer and these were not identified by the RAB. Based on our comments, the RAB deferred the review to obtain revised documents.

One RAB also evaluated the results of corrective actions submitted by several firms. The results in the post-issuance reports for two firms indicated significant issues; however, administering entity staff recommended accepting the reports and closing the firms' reviews because their next reviews were imminent. Since the firms did not demonstrate improvement, we noted the RAB should require additional corrective actions.

We also attended a peer review committee meeting.

We reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation.

After reviewing the assessments and discussing with the peer review committee and administering entity staff, we noted at least two assessments did not include complete information. In these instances, administering entity staff included limited peer review history and did not recommend referring the firms for potential termination due to noncooperation. One assessment presented during the November 17, 2022 committee meeting indicated the firm received three consecutive non-pass peer review reports; however, we noted the firm had four consecutive non-pass peer review reports. Based on our comments, the committee voted to refer the firm. The committee did not refer the firm on the other assessment previously evaluated but may have come to a different conclusion if complete information on the firm's peer review history was provided.

Oversight Program

We reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

Our recommendations to enhance the California Society of CPAs' administration of the program are summarized as follows:

The CPA on staff should ensure that RAB member composition includes members with current experience in must-select engagements as applicable.

Technical reviewers should exercise greater care in performing technical reviews to identify issues before the report acceptance process and the RAB should exercise care to ensure all critical matters are identified and discussed.

Administering entity staff and the peer review committee should review the guidance for evaluating the results of corrective actions and require additional actions when firms do not demonstrate improvement.

The peer review committee/RAB should review the guidance on their responsibilities when a firm does not cooperate or comply with the requirements of the program to determine if the firm should be referred for potential termination due to noncooperation. Additionally, administering entity staff should include all consecutive non-pass peer review reports for each firm on the assessment.



April Boudreaux, Member, Oversight Task Force
AICPA Peer Review Board

March 31, 2023

Kim D. Meyer, Chair
 Oversight Task Force
 AICPA Peer Review Board
 Palladian I Corporate Center
 220 Leigh Farm Road
 Durham, NC 27707-8110

Re: Oversight of the California Society of CPAs

Dear Ms. Meyer:

This letter represents our response to the report and letter of procedures and observations issued in connection with the review of the California Society of CPA's administration of the AICPA Peer Review Program (program) performed on November 16 – 18, 2022 and January 25, 2023. The matters discussed herein were brought to the attention of all peer review program committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the AICPA Peer Review Program.

[Deficiencies included in the report]

1. *During our oversight, we discussed the Administrative Site Visit performed remotely in 2021 by a Peer Review Oversight Committee (PROC). Through discussions with administering entity staff, we learned that a state board of accountancy employee also attended the Administrative Site Visit while the PROC members reviewed a sample of peer reviews with administering entity staff. This information is considered confidential, and the standards do not allow administering entities to disclose that information to anyone not administering or carrying out the program. We recommend that the administering entity review the standards related to confidentiality. We further recommend that the administering entity design and implement policies and procedures to ensure that only authorized individuals are allowed access to confidential information and to attend meetings at which peer reviews are discussed.*

AE Response

The staff of the administering entity has reviewed the standards related to confidentiality. The AE staff have been working closely with members of the AICPA Peer Review Leadership team to address the 2022 Administrative Site Visit (ASV) by the California Board of Accountancy. In December 2022, we communicated to the CBA that CBA staff would not be permitted to participate in any part of the 2022 ASV. The CBA elected not to perform the site visit in December 2022 as a result of staff being denied access to any part of the site visit process. The question about CBA staff access to confidential information is an ongoing



matter that was addressed during both the February and March board meetings of the CBA. Members of the AICPA Peer Review leadership team participated in both meetings and responded to questions from the Board members on this matter. We will continue to work closely with the AICPA peer review leadership team including peer review counsel to appropriately address the concerns raised by the CBA regarding staff access to confidential information, including the request to have CBA staff participate in the Annual Site Visit.

2. *During our oversight, we reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. We noted a significant number of open reviews with due dates as of and prior to December 31, 2021 that did not appear to be actively monitored for completion. This included not identifying stalled reviews, not sending overdue letters to firms and reviewers as required or performing outreach when applicable, and not timely referring firms to the board for potential termination due to noncooperation. In multiple instances, the process for initiating the firm's next peer review was delayed because the firm's prior review had not been completed. We recommend that the administering entity develop policies and procedures to actively monitor open reviews, including those with overdue corrective actions or implementation plans, so that reviews are completed timely. We further recommend that the administering entity periodically provide updates on the status of open reviews to the peer review committee.*

AE Response

Over the last eighteen months, we have experienced a significant increase in the number of open reviews including cases requiring corrective action and/or implementation plans. The accumulation of open reviews was the result of insufficient resources with the requisite technical skills required to bring these reviews to completion. This issue was exacerbated by the lack of formal policies and procedures to actively monitor open reviews by staff and inadequate reporting to the AE's Peer Review Committee.

We have implemented corrective action to address the current number of open reviews with an increased focus on those reviews with a due date of December 31, 2021 or prior. We have enhanced our weekly management reports by sorting open reviews by each of the pending categories. This improves our ability to assign the completion of the open review to the appropriate team member. Although we have not filled the open staff requisitions with permanent hires, we have engaged an experienced individual on a project basis to help address the current backlog of open reviews. In addition, we have expanded the number of hours of our external technical reviewers to support staff in this process.

To improve the monitoring and strengthen accountability over open reviews, additional reporting has been developed for our Peer Review Committee. Status reports on open reviews are being reviewed monthly with the Committee members to provide greater transparency regarding the number of open reviews.

[Observations that did not affect the report]

Technical Review Procedures

1. *We reviewed the reports, letters of response, if applicable, and the working papers for several reviews being presented to the report acceptance bodies (RABs) on November 17, 2022. We noted a review in which technical matters had not been sufficiently addressed by the technical reviewer, resulting in extended discussion by the RAB, as well as deferral of the review.*

AE Response

Technical Reviewers will be reminded to make certain that FFCs are written systemically and that the firm's responses provide a detailed description of actions planned and/or taken to remediate the findings.

CPA on Staff

2. *Before the November 17, 2022 RAB meeting, we noted one review in the RAB package included a SOC 1 engagement but no RAB members with current experience in this must-select engagement were scheduled to participate in the RAB meeting. As a result of our comment, this review was removed from the agenda before the meeting.*

AE Response

The review noted in the AE oversight report (during the observation of our November 17, 2022 RAB meeting) was a review that was originally deferred during an initial RAB meeting. The original RAB meeting did have members with the required experience in the must-select topic. The matter giving rise to the deferral was not related to the must-select engagement. When the deferred matter was addressed, it was determined that the new RAB would not be reviewing the must select engagement and therefore was assigned to a RAB that did not have the required experience. Upon discussion with AICPA staff, we have determined that all reviews containing must-select engagements should be assigned to RABs with the requisite must-select experience. We have modified our procedures to extend this requirement to all RAB meetings, regardless of the matter giving rise to the deferral.

RAB and Peer Review Committee Procedures

3. *As noted in the Technical Review Procedures section, on one review, we noted technical matters were not sufficiently addressed by the technical reviewer and these were not identified by the RAB. Based on our comments, the RAB deferred the review to obtain revised documents.*

AE Response

We have scheduled one of our senior Technical Reviewers to provide a presentation at our May meeting to remind RAB members of the requirements for documenting the FFC form, including the systemic cause and the firm's response. Further, committee members will be reminded to focus on the documentation of the FFC form in their evaluation of reviews.

4. *One RAB also evaluated the results of corrective actions submitted by several firms. The results in the post-issuance reports for two firms indicated significant issues; however, administering entity staff recommended accepting the reports and closing the firms' reviews because their next reviews were imminent. Since the firms did not demonstrate improvement, we noted the RAB should require additional corrective actions.*

AE Response


We have discontinued our prior practice of accepting reports and closing the Firm's review when the Firm's next review was imminent, when there continue to be significant outstanding issues. In instances where firms have not demonstrated improvement, the RAB will require additional corrective action before initiating their next review.

5. *We reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After reviewing the assessments and discussing with the peer review committee and administering entity staff, we noted at least two assessments did not include complete information. In these instances, administering entity staff included limited peer review history and did not recommend referring the firms for potential termination due to noncooperation. One assessment presented during the November 17, 2022 committee meeting indicated the firm received three consecutive non-pass peer review reports; however, we noted the firm had four consecutive non-pass peer review reports. Based on our comments, the committee voted to refer the firm. The committee did not refer the firm on the other assessment previously evaluated but may have come to a different conclusion if complete information on the firm's peer review history was provided.*

AE Response

Training was completed on March 27, 2023 with all technical reviewers and CalCPA staff that participate in the evaluation/assessment of consecutive non-pass reports. The training was conducted by AICPA staff and included instruction on completing an accurate assessment form and the approvals required by the report acceptance body and/or the Peer Review Committee. In addition to the training, we have implemented an additional monitoring process to track the cases requiring an assessment for consecutive non-pass peer review reports. Specifically, we have enhanced our weekly management reports using the reporting capabilities within PRIMA to identify a complete list of "pending repeat" reviews that have not been completed. This weekly report is monitored by the CPA on staff and the assessment process is assigned to the appropriate CalCPA team member. To further improve monitoring and strengthen accountability over consecutive non-pass reports, the Peer Review Administrative Committee is reviewing monthly status reports of all open reviews including those requiring an assessment for consecutive non-pass reports. To ensure the proper implementation of the procedures covered in the March 27, 2023 training, the CPA on Staff is reviewing the completed assessment forms prepared by the Technical Reviewers for completeness and accuracy prior to assigning the case to the RAB or the Review Committee.

Sincerely,



Denise Froemming, President and CEO, California Society of Certified Public Accountants



Lawrence R. Mitchell, CPA, CalCPA Peer Review Committee Chair

Rich Simitian

Richard Simitian, CPA, CPA on Staff CalCPA Peer Review





February 1, 2024

Sharon H. Bryson, M. Ed., Chief Executive Officer, North Carolina Association of CPAs
Rebekah Olson, CPA, CEO, Maryland Association of CPAs
Kimberly Mustard, CPA, Peer Review Committee Chair
Mike Manspeaker, CPA, CPA on Staff
Coastal Peer Review, Inc.
PO Box 80188
Raleigh, NC 27603

Dear Ms. Bryson, Ms. Olson, Ms. Mustard, and Mr. Manspeaker:

On January 31, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of Coastal Peer Review, Inc. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

October 19, 2023

To the Peer Review Committee of Coastal Peer Review, Inc.:

We have reviewed Coastal Peer Review, Inc.'s administration of the AICPA Peer Review Program (program) as part of our oversight program. Coastal Peer Review, Inc. is responsible for administering the program in Maryland and North Carolina. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that Coastal Peer Review, Inc. has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in cursive script that reads "Karen L. Welch".

Karen L. Welch, CPA, Member, Oversight Task Force
AICPA Peer Review Board

October 19, 2023

To the Peer Review Committee of Coastal Peer Review, Inc.:

We have reviewed Coastal Peer Review, Inc.'s administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated October 19, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on October 18 – 19, 2023, Richard Hill, a member of the Oversight Task Force, and I met with the CPA on staff, the Peer Review Coordinators and Administrators, who serve as the administrators, technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and administrators to review procedures for administering the program. We believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. We noted that open reviews were being effectively monitored for completion.

We noted peer review committee (committee) decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. We noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

We met with the technical reviewers to discuss their procedures.

Based on the information provided, we noted that technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, we believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meetings observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

We met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, we noted that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

We met with the committee chair to discuss their procedures.

We noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, we believe these are handled in a manner consistent with guidance.

There were three concurrent RAB meetings on October 19, 2023 and we observed the acceptance process in each meeting and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

We also attended a peer review committee meeting.

Oversight Program

We reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to Coastal Peer Review, Inc.



Karen L. Welch, CPA, Member, Oversight Task Force
AICPA Peer Review Board



January 17, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Coastal Peer Review, Inc.

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of Coastal Peer Review, Inc.'s administration of the AICPA Peer Review Program performed on October 18-19, 2023.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Signature of State CPA Society CEO

Print CEO name

Date

Signature of CPA on Staff

Michael P. Manspeaker

Print CPA on Staff name

January 17, 2024

Date

Signature of State CPA Society CEO

Rebekah Olson, CPA

Print CEO name

01/29/2024

Date

Signature of Peer Review Committee Chair

Kimberly A. Mustard

Print chair name

January 29, 2024

Date



June 25, 2024

Alicia Gelinas, CPA, CGMA, President/CEO
Barbara Lewis, CPA, Peer Review Committee Chair
Marilee Lau, CPA, CPA on Staff
Colorado Society of CPAs
7887 E Belleview Ave., Ste 200
Englewood, CO 80111

Dear Ms. Gelinas, Ms. Lewis, and Ms. Lau:

On June 24, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Colorado Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

October 25, 2023

To the Peer Review Committee of the Colorado Society of CPAs:

We have reviewed the Colorado Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Colorado Society of CPAs is responsible for administering the program in Colorado, New Mexico, and Washington (effective May 1, 2023). Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the AICPA *Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Colorado Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Kim D. Meyer", is positioned above the printed name.

Kim D. Meyer, Member, Oversight Task Force
AICPA Peer Review Board



October 25, 2023

To the Peer Review Committee of the Colorado Society of CPAs:

We have reviewed the Colorado Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated October 25, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on October 24-25, 2023, Laurel Gron, AICPA Peer Review Program Associate Director, and I met with the President and CEO, the CPA on Staff, the Peer Review Coordinators, who serve as the administrators, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and the administrators to review procedures for administering the program. We believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. We noted that open reviews were being effectively monitored for completion.

We noted peer review committee (committee) decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. We noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

We met with the technical reviewers to discuss their procedures.

Based on the information provided, we noted that all technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews being presented to the RABs on October 25, 2023. We noted a review in which technical matters had not been sufficiently addressed by the technical reviewer, resulting in a delay in accepting that review.

During the RAB meetings observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

We met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, we noted that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of

peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

We noted that documentation of the RAB/committee's evaluation of potential firm referrals related to consecutive non-pass reports was incomplete because it did not include the specific assessment considerations required by standards.

RAB and Peer Review Committee Procedures

We met with the committee chair to discuss their procedures.

We noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. Except as noted above, after reviewing evaluations and discussing with the committee chair and administering entity staff, we believe these are handled in a manner consistent with guidance.

There were two RAB meetings on October 25, 2023 and we observed the acceptance process in each meeting and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, we noted a review in which technical matters had not been sufficiently addressed by the technical reviewer and these were not identified by the RAB. The RAB was ready to accept a review as presented; however, based on our comments and subsequent discussion by the RAB, they agreed to delay the review to obtain revised peer review documents from the captain.

We also attended a peer review committee meeting.

Oversight Program

We reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

Our recommendations to enhance the Colorado Society of CPAs' administration of the program are summarized as follows:

Technical reviewers should exercise greater care in performing technical reviews to identify and resolve issues before the report acceptance process.

The administering entity should exercise care to maintain documentation of RAB/committee evaluations of potential firm referrals related to consecutive non-pass reports including addressing all considerations required by standards.

A handwritten signature in black ink, appearing to read 'Kim D. Meyer', with a stylized, cursive script.

Kim D. Meyer, Member, Oversight Task Force
AICPA Peer Review Board



AICPA Peer Review Program administered in Colorado
 for Colorado, New Mexico and Washington
 by the Colorado Society of Certified Public Accountants

February 23, 2024

Oversight Task Force
 AICPA Peer Review Board
 Palladian I Corporate Center
 220 Leigh Farm Road
 Durham, NC 27707-8110

Re: Oversight of Colorado Society of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the Colorado Society of CPAs' administration of the AICPA Peer Review Program (program) performed on October 24-25, 2023.

The matters discussed herein were brought to the attention of all peer review committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Technical Review Procedures

The CPA on staff and committee chair will monitor the RAB discussions to evaluate whether reviews are delayed because issues are not identified during the technical review process. We have provided feedback to the technical reviewers to promote completeness and consistency in preparing reviews being presented to the RAB.

CPA on Staff

We recognize that following the administrative processes for the program, including appropriate documentation, is important; accordingly, we have policies and procedures in place for RAB/committee evaluations of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. We will

exercise greater care to ensure we include the specific assessment considerations required by standards in our documentation of these evaluations.

Sincerely,



Signature State CPA Society CEO

Alicia Gelinas
Print CEO name

2/29/24
Date



Signature of CPA on staff

Marilee Lau
Print CPA on staff name

2/29/2024
Date



Signature of Peer Review Committee Chair

Barbara Lewis
Print Peer Review Committee Chair name

2/27/24
Date



February 26, 2024

Bonnie Stewart, Executive Director
Bryan Decker, CPA, Peer Review Committee Chair
Julie McNeal, CPA, CPA on Staff
Connecticut Society of CPAs
716 Brook Street, Suite 100
Rocky Hill, CT 06067-3405

Dear Ms. Stewart, Mr. Decker, and Ms. McNeal:

On February 26, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Connecticut Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

November 15, 2023

To the Peer Review Committee of the Connecticut Society of CPAs:

We have reviewed the Connecticut Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Connecticut Society of CPAs is responsible for administering the program in Connecticut. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Connecticut Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink that reads "Paul V. Inserra".

Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board



November 15, 2023

To the Peer Review Committee of the Connecticut Society of CPAs:

We have reviewed the Connecticut Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated November 15, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on various dates from October 26 through November 15, 2023, I met with the CPA on staff, the peer review administrator, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and the administrator to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are evaluated and approved by a subcommittee of the peer review committee.

The administering entity has developed a backup plan to support the administrator, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews presented to the report acceptance body (RAB) on October 26, 2023. I noted a review in which a few technical matters had not been addressed by the technical reviewer which contributed to deferring acceptance of this review.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program, except for two RAB members, who signed agreements that did not contain all required elements. This is a repeat comment. Updated agreements were obtained and reviewed during my oversight and they aligned with current guidance.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

Before the October 26, 2023 RAB meeting, I noted one review in the RAB package included a SOC 1 engagement but no RAB members with current experience in that must-select industry were scheduled to participate in the RAB meeting. As a result of my comment, the review was removed from the agenda before the meeting.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on October 26, 2023 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, on one review, I noted technical matters were not sufficiently addressed by the technical reviewer and these were not identified by the RAB. This review was complex with numerous matters to consider which were identified by the technical reviewer and the RAB. Although the RAB had already expressed its intent to defer acceptance of the review, my comments were added to the reasons for the deferral.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

My recommendations to enhance the Connecticut Society of CPAs' administration of the program are summarized as follows:

Technical reviewers should exercise greater care in performing duties to identify issues before the report acceptance process and the RAB should exercise care to ensure all critical matters are identified and discussed.

The administering entity should exercise greater care to use the appropriate confidentiality agreement templates based on the individual's role.

The CPA on staff should ensure that RAB composition includes individuals with current experience for must-select engagements, as applicable.



Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board



Peer Review Program



Peer Review
Program

Administered in Connecticut by
the Connecticut Society of CPAs

February 2, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Connecticut Society of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the Connecticut Society of CPA's administration of the AICPA Peer Review Program (program) performed on various dates from October 26 through November 15, 2023.

The matters discussed herein were brought to the attention of all peer review committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Technical Review Procedures

The CTCPA agrees that a review included in the observed RAB had unresolved issues, including disagreements between the reviewer and the firm. The technical reviewer documented many issues, recommended deferral for the RAB and a RAB consultation.

To reduce the likelihood that reviews are presented with unresolved technical issues to a RAB, we have developed and implemented the following policies and procedures. These include outreach by the technical reviewer or CPA on staff to the firm and/or the reviewer. If contentious issues cannot be resolved without further actions, oversight may be performed on the review or, when applicable, disagreement guidance may be followed to ensure the review goes to the RAB with technical issues resolved.

In limited circumstances, a RAB consultation may be appropriate.

CPA on Staff

We recognize that following the administrative processes for the program is important; accordingly, the CPA on staff will ensure that all the required elements are included in the annual confidentiality agreements by using the appropriate templates.

716 Brook Street, Suite 100, Rocky Hill, CT 06067-3433
T: 860.259.1062 F: 860.258.4859
aicpaglobal.com | cimaglobal.com | aicpa.org | cgma.org



Peer Review Program



AICPA[®]

Peer Review
Program

Administered in Connecticut by
the Connecticut Society of CPAs

We have developed policies and procedures for monitoring the administration of the program, which includes RAB member qualifications. Going forward, the CPA on staff will review the administrator's summary of RAB member qualifications to ensure that every RAB includes at least one individual with current experience in the must-select engagements in system reviews presented for acceptance.

RAB and Peer Review Committee Procedures

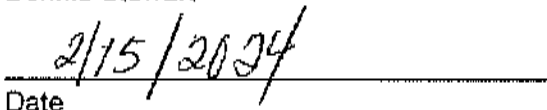
The CPA on staff and technical reviewer will review all open technical issues prior to a RAB meeting, and if necessary, reach out to the firm and/or the reviewer to attempt to resolve any outstanding issues. If contentious issues cannot be resolved without further actions, oversight may be performed on the review or, when applicable, disagreement guidance may be followed to ensure the review goes to the RAB with technical issues resolved.

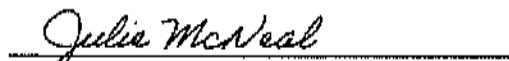
In limited circumstances, a RAB consultation may be appropriate.

Sincerely,


Signature State CPA Society CEO

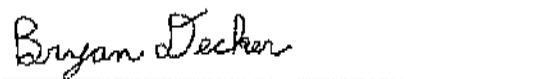
Bonnie Stewart


Date


Signature of CPA on staff

Julie McNeal

February 15, 2024
Date


Signature of Peer Review Committee Chair

Bryan Decker

15/02/2024
Date



October 13, 2022

Shelly S. Weir, President & CEO
Ronald Weinbaum, CPA, Peer Review Committee Chair
Kristin High, CPA, CPA on staff
Florida Institute of CPAs
135 W. Central Blvd., Suite 1140
Orlando, FL 32801

Dear Ms. Weir, Mr. Weinbaum, and Ms. High:

On October 13, 2022, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the Florida Institute of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Brian Bluhm

Brian Bluhm, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

September 9, 2022

To the Peer Review Committee of the Florida Institute of CPAs:

We have reviewed the Florida Institute of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Florida Institute of CPAs is responsible for administering the program in Florida. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Florida Institute of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink that reads "Paul V. Inserra".

Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board



September 9, 2022

To the Peer Review Committee of the Florida Institute of CPAs:

We have reviewed the Florida Institute of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated September 9, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 8-9, 2022, April Boudreaux, a member of the Oversight Task Force, and I met with the Chief Financial Officer, who serves as the CPA on staff, the Director of Technical Services, who serves as a technical reviewer, the Peer Review Manager, who serves as an administrator, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff, technical reviewer, and administrator to review the program's administration. We believe the administrative processes were being handled in a manner consistent with peer review standards.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. We noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

We noted committee decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpaglobal.com | cimaglobal.com | aicpa.org | cgma.org

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, we noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

We met with the primary technical reviewer to discuss procedures. Based upon the review of the information provided, we determined that all technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews. We believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the primary technical reviewer was available to answer any questions that arose.

CPA on Staff

We met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, we determined that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

We met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, we believe these assessments are handled in a manner consistent with guidance.

There were three concurrent RAB meetings on September 9, 2022 and we observed reviews from each of the three meetings. We observed the acceptance process and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

We also attended a peer review committee meeting.

Oversight Program

We reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Florida Institute of CPAs.



Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board

October 6, 2022

Brian Bluhm, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Florida Institute of CPAs

Dear Mr. Bluhm:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of the Florida Institute of CPA's administration of the AICPA Peer Review Program performed on September 8-9, 2022.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewer(s). We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,



Shelly S. Weir, President & CEO



Ronald Weinbaum, CPA, Peer Review Committee Chair



Kristin High, CPA, CFO, CPA on Staff



August 7, 2023

Boyd Search, President & CEO
Todd Stone, CPA, Peer Review Committee Chair
Jessica Mytrohovich, CPA, Chief Financial Officer
Georgia Society of CPAs
6 Concourse Pkwy Ste 800
Atlanta, GA 30328

Dear Mr. Search, Mr. Stone, and Ms. Mytrohovich:

On August 7, 2023, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the Georgia Society of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

November 11, 2022

To the Peer Review Committee of the Georgia Society of CPAs:

We have reviewed the Georgia Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Georgia Society of CPAs is responsible for administering the program in Georgia. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Georgia Society of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink that reads "Paul V. Inserra".

Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board



November 11, 2022

To the Peer Review Committee of the Georgia Society of CPAs:

We have reviewed the Georgia Society of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated November 11, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on November 10 – 11, 2022, I met with the Chief Financial Officer, who serves as the CPA on staff, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff to review the program's administration. I believe the administrative processes were being handled in a manner consistent with peer review standards.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. I noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

I noted committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrator, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, I noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has individuals who are responsible for maintaining the website and monitor it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss procedures. Based upon the review of the information provided, I determined that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

I noted that reviews are not consistently presented to the RAB within 120 days of receipt of the documents from the reviewer, as required by guidance.

Furthermore, for the period evaluated, I noted that over 10% of reviews presented were deferred by the RAB. In part, due to unresolved technical issues not initially addressed by the technical reviewers before presentation.

CPA on Staff

I met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, I determined that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

AICPA staff noted that one individual was serving on the peer review committee and RAB while simultaneously serving on the AICPA Joint Trial Board (JTB). The standards do not allow individuals involved in the administration of the program to participate in enforcement-related work, including serving on the JTB, as this represents a conflict of interest. However, AICPA staff confirmed there was no impact on Georgia firms or licensees. Upon notification by AICPA staff, the administering entity immediately removed the individual from all committee and RAB meetings until the individual's resignation from the JTB was effective.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, I believe these assessments are handled in a manner consistent with guidance.

I attended a RAB meeting on November 10, 2022 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

My recommendations to enhance the Georgia Society of CPAs' administration of the program are summarized as follows:

The administering entity should consistently present reviews to the RAB within 120 days after receipt of the review documents.

The technical reviewers should exercise greater care in performing technical reviews to identify and resolve issues before the report acceptance process. Additionally, the RAB members should refer to the applicable guidance when considering whether to accept, delay, or defer peer reviews.

Administering entity staff, peer review committee, and RAB members should review the standards relating to conflicts of interest. The CPA on staff should implement procedures to monitor committee members' qualifications, including ensuring that conflicts of interest are identified and mitigated timely.



Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board



July 25, 2023

Kim D. Meyer, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian | Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

RE: Oversight of Georgia Society of CPAs Peer Review Program

Dear Ms. Meyer:

This letter represents our response to the report and letter of procedures and observations issued in connection with the review of the Georgia Society of CPAs' (GSCPA) administration of the AICPA Peer Review Program (program performed on November 10-11, 2022). The matters discussed herein were brought to the attention of all peer review program committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the AICPA Peer Review Program.

Technical Review Procedures

As required by standards, we will continue to strive to ensure that peer reviews are presented to the RAB no later than 120 days after documents are received from the reviewers. GSCPA contends that the inability to accept reviews within 120 days was due to multiple factors, including:

- COVID-19 extension – prior to extensions being granted, GSCPA expected to have 135 reviews with due dates in 2020, however, after the blanket COVID extensions, there were just 72 reviews with due dates in 2020, a drop of 53%. This shift of due dates impacted 2021, where we had expected to have 152 reviews due, but with COVID extensions this number increased to 194, an increase of 23.57%. 2021 was expected to be a heavier year already, but the COVID-19 extensions created a backlog.
- RAB Volunteer pool – From May 2021 through August 2022, GSCPA lost 3 RAB volunteers, or 23.07%, reducing us to 10 volunteers. Additionally, our volunteers represent 52.53% of the peer review captains of reviews performed in our state. GSCPA mitigates conflicts of interest and uses a modified agenda that removes individuals that are scheduled on the call but have a conflict of interest to present files, however COVID related illnesses and staff shortages for our volunteers did impact meeting attendance, and resulted in reviews being further delayed because we did not have enough volunteers to vote.

In an effort to combat the issue, we increased the number of files presented in meetings from approximately 7 to approximately 10. Additionally, we attempted to schedule 2 meetings per month when it was not tax season or the holidays. For the period of January 1st through April 30th, 17 of our 62 reviews, or 27.4%, were presented over 120 days past due. If you exclude January meetings, 39 reviews were presented and 6 were 120 days past due, which is 15%. This is a decrease from the period of

September 2022 through December 2022, which had 69.77% of reviews past due. For the period of May 1st through July 25th, 2 of the 23 reviews presented were over 120 days past due. This represents 8.7% and is below the 10% threshold used in monitoring.

Over 10% of reviews presented were deferred by the RAB, in part, due to unresolved technical issues not initially addressed by the technical reviewers before presentation. A portion of the files that were deferred should have been delayed based on the clarified guidance, PR-C Section 410 Paragraphs .14 and .15. GSCPA has historically taken a more conservative approach to deferrals to ensure items with potential significance were given appropriate consideration, especially in instances where there is not sufficient guidance in how the issue should be handled in the standards. The CPA on Staff reviews all files prior to presenting to the RAB and asks technical reviewers questions she believes might be asked by the RAB. Additionally, during 2022, GSCPA implemented a second technical review. Non-pass files are automatically sent to a second independent technical reviewer for comments and concurrence. Additionally, the CPA on Staff in her review of files will send files of reviewers with significant feedbacks, or files that are complicated to second technical review. Along with this, technical reviewers have begun to rate the level of difficulty of their files prior to submission to the RAB to assist the CPA on Staff's review to determine which files are sent to second technical review. Of the 62 files presented during the first quarter of 2023, 3 have been deferred, or 4.8%.

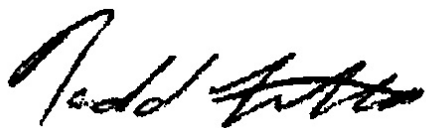
CPA on Staff

We have developed policies and procedures for monitoring the administration of the peer review program, which includes RAB member qualifications, to ensure that conflicts of interest which preclude individuals from participating as volunteers are identified timely.

Sincerely,



Boyd E. Search, CAE
President & CEO



Todd Stone, CPA
GSCPA Peer Review Committee Chair



Jessica Mytrohovich, CPA
GSCPA CPA on Staff



September 25, 2023

Ron Gitz, CPA, CGMA, CEO
Lance Crappell, CPA, Peer Review Committee Chair
Mark Harris, CPA, CPA on Staff
Society of Louisiana CPAs
P. O. Box 1279
Destrehan, LA 70047

Dear Mr. Gitz, Mr. Crappell, and Mr. Harris:

On September 25, 2023, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Society of Louisiana CPAs. These documents are now available the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

August 17, 2023

To the Peer Review Committee of the Society of Louisiana CPAs:

We have reviewed the Society of Louisiana CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Society of Louisiana CPAs is responsible for administering the program in Louisiana. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Society of Louisiana CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink, appearing to read "John M. Guido".

John M. Guido, Member, Oversight Task Force
AICPA Peer Review Board



August 17, 2023

To the Peer Review Committee of the Society of Louisiana CPAs:

We have reviewed the Society of Louisiana CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated August 17, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on August 10, and August 15 – 17, 2023, I met with the Executive Director/CEO, the Director of Professional Services, who serves as the CPA on staff, the Director – Ethics & Practice Quality and the Manager – Ethics & Practice Quality, who serve as the administrators, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrators to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpaglobal.com | cimaglobal.com | aicpa.org | cgma.org

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, I believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on August 10, 2023, and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Society of Louisiana CPAs.



John M. Guido, Member, Oversight Task Force
AICPA Peer Review Board



Society of Louisiana
Certified Public Accountants



September 18, 2023

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Society of Louisiana CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of the Society of Louisiana CPAs' administration of the AICPA Peer Review Program performed on August 10, 15-17, 2023.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Ronald A. Gitz, CPA, CGMA
Executive Director/CEO

September 18, 2023

Date

Mark Harris, CPA
CPA on Staff

September 18, 2023

Date

Lance Crappell, CPA, CGMA
Peer Review Committee Chair

September 18, 2023

Date



February 3, 2025

Robert Doyle, President and CEO
Jason F. Clausen, CPA, Peer Review Committee Chair
Peggy Haw-Jury, CPA, CPA on Staff
Michigan Association of CPAs
888 W. Big Beaver, Suite 550
Troy, MI 48084

Dear Mr. Doyle, Mr. Clausen, and Ms. Haw-Jury:

On February 3, 2025, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Michigan Association of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

September 26, 2024

To the Peer Review Committee of the Michigan Association of CPAs:

We have reviewed the Michigan Association of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Michigan Association of CPAs is responsible for administering the program in Michigan. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Michigan Association of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Richard Wortmann".

Richard Wortmann, Member, Oversight Task Force
AICPA Peer Review Board



September 26, 2024

To the Peer Review Committee of the Michigan Association of CPAs:

We have reviewed the Michigan Association of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated September 26, 2024. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 24 – 26, 2024, I met with the CPA on staff, an administrator, a technical reviewer, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and an administrator to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with a technical reviewer to discuss their procedures.

Based on the information provided, I noted that all technical reviewers met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I noted one review in which technical matters had not been sufficiently addressed by the technical reviewer, resulting in deferral of the review. A similar comment was noted in the prior oversight.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

Based on the information provided, I noted that the committee and RAB members met the qualifications, including ethical and training requirements set forth in the guidance.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on September 24, 2024 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, I noted a review in which technical matters had not been sufficiently addressed by the technical reviewer and these were not identified by the RAB. The RAB was ready to accept the review as presented; however, based on my comments and subsequent discussion by the RAB, they agreed to defer acceptance of the review to obtain additional information from the captain and revised peer review documents. A similar comment was noted in the prior oversight.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

My recommendations to enhance the Michigan Association of CPAs' administration of the program are summarized as follows:

Technical reviewers should exercise greater care in performing technical reviews to identify and resolve issues before the report acceptance process and the RAB should exercise care to ensure all critical matters are identified and discussed.

A handwritten signature in black ink, appearing to read 'Richard Wortmann', with a stylized, looping flourish at the end.

Richard Wortmann, Member, Oversight Task Force
AICPA Peer Review Board

December 2, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Michigan Association of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the Michigan Association of CPAs administration of the AICPA Peer Review Program (program) performed on September 24-26, 2024.

The matters discussed herein were brought to the attention of all peer review committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Technical Review Procedures

As part of our Technical Reviewer Process, each Technical Reviewer reviews all reviews presented on the agenda, and any issues discovered are discussed by the technical reviewers prior to the meeting. The CPA on staff and RAB Chair will monitor the RAB discussions to evaluate whether reviews are delayed or deferred because issues are not identified during the technical review process. The CPA on staff will provide feedback to the technical reviewers to promote the completeness of reviews going to the RAB to reduce the number of delayed or deferred reviews.

RAB and Peer Review Committee Procedures

MICPA Peer Review RAB members continue to be very diligent in their RAB responsibilities. An involved RAB promotes robust discussion, and therefore, sometimes can result in matters that were not discovered during Technical Review.

The CPA on staff and technical reviewers will review all open technical issues prior to the meeting, to attempt to resolve any outstanding issues.

The CPA on Staff will remind the RAB to continue to exercise care to ensure all critical matters are identified and discussed and will monitor the RAB discussions to evaluate whether reviews are delayed or deferred because issues are not identified.

Sincerely,



Signature State CPA Society CEO

Robert Doyle, President & CEO

Print CEO name

December 3, 2024

Date



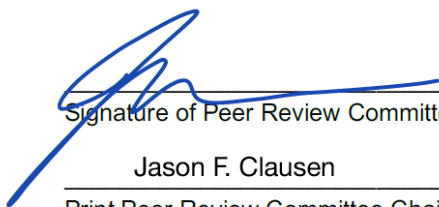
Signature of CPA on staff

Peggy Jury, CPA on Staff

Print CPA on staff name

December 3, 2024

Date



Signature of Peer Review Committee Chair

Jason F. Clausen

Print Peer Review Committee Chair name

December 3, 2024

Date



February 13, 2024

Linda Wedul, CAE, President
Sean Linton, CPA, Peer Review Committee Chair
Faye Hayhurst, CPA, Director of Finance and Administration
Minnesota Society of CPAs
1650 W 892nd St Ste 600
Bloomington, MN 55431

Dear Ms. Wedul, Mr. Linton, and Ms. Hayhurst:

On February 12, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Minnesota Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

December 15, 2023

To the Peer Review Committee of the Minnesota Society of CPAs:

We have reviewed the Minnesota Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Minnesota Society of CPAs is responsible for administering the program in Minnesota and North Dakota. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Minnesota Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink, reading "Richard W. Hill".

Richard W. Hill, Member, Oversight Task Force
AICPA Peer Review Board



December 15, 2023

To the Peer Review Committee of the Minnesota Society of CPAs:

We have reviewed the Minnesota Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated December 15, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on November 30 – December 1, 2023 and December 15, 2023, I met with the President/CEO, the Director of Finance and Administration, who serves as the CPA on staff, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrator, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted that the technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, I believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on December 15, 2023 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Minnesota Society of CPAs.

A handwritten signature in blue ink, appearing to read "Richard W. Hill".

Richard W. Hill, Member, Oversight Task Force
AICPA Peer Review Board



February 7, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Minnesota Society of CPAs

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of the Minnesota Society of CPAs administration of the AICPA Peer Review Program performed on November 30 – December 1, 2023 and December 15, 2023.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Signature State CPA Society CEO

Linda Wedul
Print CEO name

2/7/2024
Date

Signature of CPA on staff

Faye Hayhurst
Print CPA on staff name

2/7/2024
Date

Signature of Peer Review Committee Chair

Sean Linton
Print Peer Review Committee Chair name

2/8/2024

1650 W. 82nd Street, Bloomington, MN 55431
(M)952-831-2707
aicpaglobal.com | cimaglobal.com | aicpa.org | cgma.org



January 14, 2025

Jim T. O'Hallaron, CAE, President & CEO
Mike Groszek, CPA, Peer Review Committee Chair
Amanda Koehler, CPA, CPA on staff
Missouri Society of CPAs
540 Maryville Centre Dr. Suite 200
St. Louis, MO, 63141

Dear Mr. O'Hallaron, Mr. Groszek, and Ms. Koehler:

On January 13, 2025, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Missouri Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

October 16, 2024

To the Peer Review Committee of the Missouri Society of CPAs:

We have reviewed the Missouri Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Missouri Society of CPAs is responsible for administering the program in Missouri. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Missouri Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink that reads 'Thomas J. Parry'.

Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



October 16, 2024

To the Peer Review Committee of the Missouri Society of CPAs:

We have reviewed the Missouri Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated October 16, 2024. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 24 and October 15–16, 2024, I met with the CEO, the CPA on staff, the administrator, the technical reviewers, and the peer review executive committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrator to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpa-cima.com | us.aicpa.org

The administering entity has developed a backup plan to support the administrator, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted that all technical reviewers met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for reviews being presented to RABs on September 24 and October 15, 2024. I noted two reviews in which matters noted by captains had not been sufficiently addressed by the technical reviewers, resulting in deferrals of those reviews.

During the RAB meetings observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, except as indicated below, I noted that the CPA on staff met the qualifications, including training and ethical requirements set forth in the guidance.

Although certain training was taken timely, the CPA on staff did not complete the required peer review update training within 90 days of assuming the role. The relevant training was subsequently completed.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of

peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

Based on the information provided, I noted that the committee and RAB members met the qualifications, including ethical and training requirements set forth in the guidance.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. I noted that the RAB/committee's evaluation of potential referrals for two firms receiving consecutive non-pass peer review reports was not performed after the firms submitted the results of assigned corrective actions in accordance with standards.

I attended RAB meetings on September 24 and October 15, 2024 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, I noted two reviews in which matters noted by captains had not been sufficiently addressed by the technical reviewers and these were not identified by the RAB. The RAB was ready to accept the reviews as presented; however, based on my comments and subsequent discussion by the RAB, they agreed to defer acceptance of the reviews to obtain additional information from the captains and revised peer review documents, if applicable.

I also attended a peer review executive committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

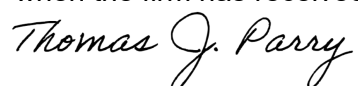
Summary

My recommendations to enhance the Missouri Society of CPAs' administration of the program are summarized as follows:

Technical reviewers and RAB members should exercise greater care in considering whether matters noted by captains are supported by professional standards.

The administering entity should ensure that CPA on staff training requirements are met timely.

The RAB/committee should exercise care to follow applicable guidance when determining when an evaluation should be performed to determine if a referral should be made for noncooperation when the firm has received consecutive non-pass peer review reports.

A handwritten signature in black ink that reads "Thomas J. Parry". The signature is written in a cursive, flowing style.

Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



November 22, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of the Missouri Society of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the Missouri Society of CPA's administration of the AICPA Peer Review Program (program) performed on September 24 and October 15-16, 2024.

The matters discussed herein were brought to the attention of all peer review committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Technical Review Procedures

The CPA on staff will provide feedback to technical reviewers and will monitor RAB discussions to evaluate whether matters noted by captains are supported by professional standards.

CPA on Staff

The CPA on staff completed the initial peer review update training but not within 90 days of assuming the role. The CPA on staff understands the importance of ongoing training and will ensure that annual requirements for training are met going forward.

RAB and Peer Review Committee Procedures

We have reviewed the standards regarding RAB/committee evaluations of firms with consecutive non-pass peer review reports and we updated our procedures to ensure these evaluations are performed timely.

Sincerely,

A handwritten signature in black ink that reads "James T. O'Hallaron". The signature is written in a cursive, flowing style.

James O'Hallaron, President & Chief Executive Officer



Amanda Koehler

Amanda Koehler, CPA on Staff

Mike E. Groszek, CPA

Mike Groszek, Peer Review Executive Committee Chair



February 13, 2023

James W. Brackens, Jr., CPA, CGMA, Vice President – Ethics & Practice Quality
Michael Wagner, CPA, Peer Review Committee Chair
Gary Freundlich, CPA, CGMA, Technical Director
National Peer Review Committee
220 Leigh Farm Rd
Durham, NC 27707

Dear Mr. Brackens, Mr. Wagner, and Mr. Freundlich:

On February 13, 2023, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the National Peer Review Committee, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

December 15, 2022

To the National Peer Review Committee:

We have reviewed the National Peer Review Committee's administration of the AICPA Peer Review Program (program) as part of our oversight program. The National Peer Review Committee is responsible for administering the program in all states and territories that are required to, or choose to, have their peer review administered by them. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the National Peer Review Committee has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink, reading "Richard W. Hill".

Richard W. Hill, Member, Oversight Task Force
AICPA Peer Review Board



Peer Review Program

December 15, 2022

To the National Peer Review Committee:

We have reviewed the National Peer Review Committee's administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated December 15, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on October 13, October 25 – 26, November 2, and December 15, 2022, April Boudreaux, a member of the Oversight Task Force, and I met with the Technical Director – Peer Review, who serves as the CPA on staff, the Operations Manager – Peer Review, who serves as an administrator, selected technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and administrator to review the program's administration. We believe the administrative processes were being handled in a manner consistent with peer review standards.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. We noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

We noted committee decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, we noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

We met with several technical reviewers to discuss procedures. Based upon the review of the information provided, we determined that the technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews. We believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff

We met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, we determined that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

We met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, we believe these assessments are handled in a manner consistent with guidance.

We attended a RAB meeting on November 2, 2022 and observed the acceptance process and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

We also attended a peer review committee meeting.

Oversight Program

We reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the National Peer Review Committee.

A handwritten signature in blue ink, appearing to read "Richard W. Hill".

Richard W. Hill, Member, Oversight Task Force
AICPA Peer Review Board



National Peer
Review Committee

February 3, 2023

Kim D. Meyer, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of National Peer Review Committee

Dear Ms. Meyer:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of the National Peer Review Committee's administration of the AICPA Peer Review Program performed on October 13, October 25 – 26, November 2, and December 15, 2022.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewer(s). We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

A handwritten signature in black ink, appearing to read "Barry C. Melancon".

Barry C. Melancon, NPRC CEO

A handwritten signature in black ink, appearing to read "Michael Wagner".

Michael Wagner, NPRC Chair

A handwritten signature in black ink, appearing to read "Gary Freundlich".

Gary Freundlich, NPRC CPA on Staff



March 18, 2024

Anna M. Durst, CPA, CGMA, CEO
Tony Vanorny, CPA, Peer Review Committee Chair
Nevada Society of CPAs
3983 S. McCarran Blvd. #512
Reno, NV 89502

Dear Ms. Durst and Mr. Vanorny:

The Oversight Task Force received your report on the status of monitoring and completing open reviews, including reviews with open corrective actions and implementation plans ("open reviews").

Based on your actions, as detailed in the information provided, no further reporting to OTF is required. To avoid recurrence of the deficiency noted during your oversight, please continue monitoring the status of open reviews and taking applicable actions to complete reviews timely.

We appreciate your diligence in addressing these items, as well as your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair, Oversight Task Force
AICPA Peer Review Board



June 22, 2023

Anna Durst, CPA, CEO
Patrick Meyer, CPA, Peer Review Committee Chair
Nevada Society of CPAs
5422 Longley Lane, Suite A
Reno, NV 89511

Dear Ms. Durst and Mr. Meyer:

On June 21, 2023, the AICPA Peer Review Board Oversight Task Force (OTF) accepted the report and letter of procedures and observations on the most recent oversight for the Nevada Society of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The OTF accepted the aforementioned documents with the understanding that appropriate monitoring steps will be implemented, as outlined in your response, to avoid future recurrences of the deficiencies noted.

To assist with the OTF's monitoring, by July 31, 2023, and every 60 days thereafter, please report to the OTF on the status of monitoring and completing open reviews, including reviews with open corrective actions and implementation plans. This will continue until the OTF determines that monitoring and completing open reviews has improved.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

November 30, 2022

To the Peer Review Committee of the Nevada Society of CPAs:

We have reviewed the Nevada Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Nevada Society of CPAs is responsible for administering the program in Nevada, Idaho, Montana, Nebraska, Utah, and Wyoming. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

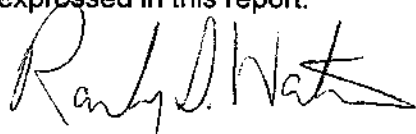
Conclusion

Based on the results of the procedures performed, we have concluded, except for the deficiencies described below, that the Nevada Society of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

During our oversight, we learned that an individual was serving as a technical reviewer, committee member, and RAB member for the administering entity while simultaneously serving as a member of a state board of accountancy. The standards do not allow individuals involved in the administration of the program to participate in enforcement-related work, including serving on a state board of accountancy, as this represents a conflict of interest. Furthermore, the administering entity never notified the AICPA, as required, to disable the individual's technical reviewer access in the peer review computer system after the individual resigned from this role. We recommend that administering entity staff, technical reviewers, and peer review committee members review the standards related to conflicts of interest. We further recommend that the administering entity design and implement policies and procedures to ensure compliance with standards.

During our oversight, we reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. We noted a significant number of open reviews with due dates as of and prior to December 31, 2021 that did not appear to be actively monitored for completion. This included not identifying stalled reviews, not sending overdue letters to firms and reviewers as required or performing outreach when applicable, and not timely referring firms to the board for potential termination due to noncooperation. In multiple instances, the process for initiating the firm's next peer review was delayed because the firm's prior review had not been completed. We recommend that the administering entity develop policies and procedures to actively monitor open reviews, including those with overdue corrective actions or implementation plans, so that reviews are completed timely. We further recommend that the administering entity periodically provide updates on the status of open reviews to the peer review committee.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Randy S. Watson". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Randy S. Watson, Member, Oversight Task Force
AICPA Peer Review Board



November 30, 2022

To the Peer Review Committee of the Nevada Society of CPAs:

We have reviewed the Nevada Society of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated November 30, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on November 22 and 30, 2022, I met with the CEO, who serves as the CPA on staff, the Peer Review Program Manager, who serves as the administrator, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrator to review the program's administration. Except as described in the report and below, I believe the administrative processes were being handled in a manner consistent with peer review standards.

I noted committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrator, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, I noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

After a technical reviewer resigned, I noted the administering entity did not notify the AICPA timely to disable their access in the peer review computer system.

Technical Review Procedures

I met with the technical reviewers to discuss procedures. Based upon the review of the information provided, I determined that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

I noted that system reviews were not consistently presented to the RAB within 120 days of receipt of the documents from the reviewer and engagement reviews that met the criteria to be accepted by the technical reviewer were not consistently accepted within 60 days of receipt of the documents from the reviewer, as required by standards.

CPA on Staff

I met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, I determined that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

I noted that documentation of the peer review committee/RAB's decision for firm referrals for noncooperation related to consecutive non-pass reports was not consistently maintained as required. As a result, there were several instances where it was unclear how the peer review committee overcame the mandatory presumption to refer firms for noncooperation when the firm had received three or more consecutive non-pass reports.

RAB and Peer Review Committee Procedures

I met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I attended a RAB meeting on November 30, 2022 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

My recommendations to enhance the Nevada Society of CPAs' administration of the program are summarized as follows:

The administering entity should establish procedures to timely notify the AICPA when staff or technical reviewers resign so their access to the peer review computer system can be disabled.

The administering entity should consistently present reviews to the RAB within 120 days after receipt of the review documents.

The technical reviewers should accept engagement reviews (as allowed by standards) within 60 days after receipt of the review documents.

The administering entity should exercise care to maintain documentation of peer review committee/RAB decisions related to assessments of firms that received consecutive non-pass reports.



Randy S. Watson, Member, Oversight Task Force
AICPA Peer Review Board

April 26, 2023

Kim D. Meyer, Chair, Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Via Email to: ivory.bare@aicpa-cima.com

Re: Oversight of Nevada Society of CPAs ("NVCPA") Peer Review Program

Dear Ms. Meyer:

This letter represents our response to the report and letter of procedures and observations issued in connection with the review of the NVCPA's administration of the AICPA Peer Review Program (program) performed on November 22 and 30, 2022. The matters discussed herein were brought to the attention of all peer review program committee members, administrative staff, and technical reviewer(s). In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the AICPA Peer Review Program.

Deficiencies Included in the Report:

Oversight Report dated 11/30/2022 and received 02/08/2023, had a lengthy comment related to a technical reviewer serving on the Nevada RAB as well as their State Board of Accountancy. The technical reviewer signed the Confidentiality Statement, indicating they did not serve in any prohibited capacity. The day the conflict was discovered, the AE took the followings actions: Technical Reviewer was allowed to complete open technical reviews since, as our practice, we do not assign technical reviewers any reviews from their own state. The AE felt it was important to keep the technical review process moving for those firms and not burden the completion of their reviews with more time. The AE allowed the Technical Reviewer to attend RAB meetings to address any of their reviews and then the Technical Reviewer was dismissed from the RAB. The Technical Reviewer was not sent the RAB package. Rather, separate emails were sent with only their reviews. This wind-down process took a few months to complete. Furthermore, the AE sent a complete list of all the firms presented to the RAB during the overlap period to the appropriate Board of Accountancy to determine if the technical reviewer took action on a firm in both capacities. The Executive Director confirmed there were no conflicts. While the technical reviewer should have known better, the AE believes this was an honest mistake with no malice and no firms were compromised. The Technical Reviewer confirmed with the AE that they did not access PRIMA for anything other than to finish their reviews. The AE verbally confirmed with the rest of the RAB and technical reviewers that they had fully read and understood the confidentiality agreements. New RAB members or technical reviewers will be asked a series of questions in addition to signing the confidentiality notice.

We recognize that following the administrative processes for the program is important. We implemented a procedure for the AE to verbally confirm with all RAB/Committee members and technical reviewers that they read the confidentiality statement before they signed it and do not have any conflicts of interest. AE discontinued assigning reviews to this technical reviewer but did not issue a ticket to notify the AICPA. All future resignations have been, and will continue to be, addressed immediately.

Oversight Report dated 11/30/2022 and received 02/08/2023, noted, "a significant number of open reviews with due dates as of and prior to December 31, 2021, that did not appear to be actively monitored for completion. This included not identifying stalled reviews, not sending overdue letters to firms and reviewers as required or performing outreach when applicable, and not timely referring firms to the board for potential termination due to noncooperation." We regularly monitor old reviews, work with all parties, and keep reviews moving along in the process. The old reviews prior to 2021 each had notes and reasons why they were not yet closed. Reviews which were stalled have been reduced by more than 40%. Hearings have taken place, letters have been sent, reviewers and firms have been contacted, and there is daily activity with the necessary parties. We found many open reviews that are stalled as we wait for COA and IMP plans that include actions that occur every few years. We cannot move to the next step until the firms have the opportunity to complete remediation, which does not occur on a regular basis. We will continue to monitor all reviews and work diligently to clear old items to ensure timely processing.

Observations That Did Not Affect the Report:

Oversight Visit Letter of Procedures and Comments received 02/08/2023 stated that "system reviews were not consistently presented to the RAB within 120 days of receipt of those documents from the reviewer." The timeframe reviewed was July 1, 2021 – June 30, 2022. For that timeframe the percentage was 10.05%. The AICPA has advised AEs to keep their percentages at, or below, 10%. The overage for the period was due to oversight of a review which delayed presentation, a change in technical reviewer on a review, and a COVID illness of a technical reviewer. AE has performed under 10% during every other period. We maintain our efforts to ensure all reviews are presented timely.

Oversight Visit Letter of Procedures and Comments received 02/08/2023 stated that "engagement reviews that met the criteria to be accepted by the technical reviewer were not consistently accepted within 60 days of receipt of those documents from the reviewer." The timeframe reviewed was July 1, 2021 – June 30, 2022. For that timeframe the percentage was 11.7%. The overage was due to an error in a PRIMA report used in evaluating performance (support ticket 151003) as well as one technical reviewer with COVID. AE has performed under 10% during every other period. We maintain our efforts to ensure all reviews are presented timely.

As required by standards, we will continue to strive to ensure that peer reviews are presented to the RAB no later than 120 days after documents are received from the reviewer. In addition, we will focus on accepting engagement reviews meeting certain criteria within 60 days of receipt of the reviewers' working papers. The following actions will be taken to assist with our goal of more timely presentation of reviews to future RABs: We will continue to send regular reminders to our technical reviews as the 60/120-day deadline is approaching. Other than one specific period, reviews are presented to RAB timely.

Oversight Visit Letter of Procedures and Comments received 02/08/2023 stated that "documentation of the peer review committee/RAB's decision for firm referrals for noncooperation related to consecutive non-pass reports was not consistently maintained as required. As a result, there were several instances where it was unclear how the peer review committee overcame the mandatory presumption to refer firms for noncooperation when the firm had received three or more consecutive non-pass reports." We understand this observation and conclusion. The meeting minutes and/or RAB documents reflect the decisions, and the RAB packet has supporting documentation for those decisions. Guidance was followed in each instance. However, the description of the decision was not always reflected in the meeting minutes. This matter is moot now that the referral form is mandatory and will spell out the RAB's decision on one form.

We have developed policies and procedures to maintain documentation of RAB decisions for firm referrals for noncooperation. A report has been created to capture all prior consecutive non-pass referral decisions per the Enrolled Firms Last Review Non-Pass Report. As required by a recent change in guidance, we are using the referral form to document the RAB's decisions.

Sincerely,

Anna Durst

CEO and CPA on Staff
Nevada Society of CPAs

Patrick Meyer

Chair, Nevada Society of CPAs Peer Review Committee



February 3, 2025

Pamela Lemire, Executive Director
David Grippin, CPA, Peer Review Committee Chair
Robert Vachon, CPA, COO
New England Peer Review (NEPR)
115 Riverway Place
Bedford, NH 03110

Dear Ms. Lemire, Mr. Grippin, and Mr. Vachon:

On February 3, 2025, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the New England Peer Review. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

November 14, 2024

To the New England Peer Review Committee:

We have reviewed the New England Peer Review's administration of the AICPA Peer Review Program (program) as part of our oversight program. New England Peer Review is responsible for administering the program in Maine, Massachusetts (effective May 16, 2024), New Hampshire (effective May 16, 2024), Rhode Island, and Vermont. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that New England Peer Review has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink that reads "Paul V. Inserra".

Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board



November 14, 2024

To the New England Peer Review Committee:

We have reviewed the New England Peer Review's administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated November 14, 2024. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on November 13 – 14, 2024, I met with the CEO, the CPA on staff, the administrators, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CEO, the CPA on staff and the administrators to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpa-cima.com | us.aicpa.org

The administering entity has developed a backup plan to support the CEO, the CPA on staff, the administrators, and the technical reviewers if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

I noted several instances of outdated information on the website. I reviewed the updated content for certain changes made during the oversight and noted it aligned with current guidance. However, other changes were not yet made.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted that all technical reviewers met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, I believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

Based on the information provided, I noted that the committee and RAB members met the qualifications, including ethical and training requirements set forth in the guidance.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I determined that the administering entity's procedure for evaluating firms with consecutive non-passing reports does not align with program guidance. As a result, the evaluations for three firms selected for testing with three or more consecutive non-passing reports, were not performed when the RAB considered the firm's most recent review for acceptance as required.

There were two concurrent RAB meetings on November 14, 2024 and I observed the acceptance process in both meetings and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

My recommendations to enhance New England Peer Review's administration of the program are summarized as follows:

Procedures should be established to review and update information on the website when there are changes to the program.

The administering entity staff and the RAB/committee should exercise care to follow applicable program guidance when evaluating a firm to determine if a referral should be made for noncooperation when the firm has received consecutive non-pass peer review reports.



Paul V. Inserra, Member, Oversight Task Force
AICPA Peer Review Board

January 30, 2025

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of New England Peer Review

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the New England Peer Review's administration of the AICPA Peer Review Program (program) performed on November 13 - 14, 2024. The matters discussed herein were brought to the attention of all peer review committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Administrative Procedures

We understand the importance of having updated information on our website regarding the AICPA Peer Review Program and have contracted with a website developer. We have updated our policies and procedures to periodically determine if the information disseminated on our website regarding the AICPA Peer Review Program is accurate and timely. We have appointed an individual who is responsible for maintaining the website and will monitor it periodically to determine if peer review information is accurate and timely.

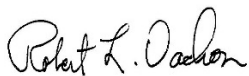
RAB and Peer Review Committee Procedures

We have updated our policy of evaluating a referral for noncooperation when a firm has received consecutive non-pass reviews to comply with guidance. This includes performing the evaluations for firms receiving three or more consecutive non-pass reviews when the review is presented for acceptance.

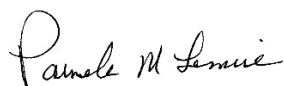
Sincerely,



David C. Grippin, Chair



Robert L. Vachon, COO/CPA on Staff



Pamela M. Lemire, CEO



January 7, 2025

Aiysha Johnson, CEO & Executive Director
Michael Wolansky, CPA, Peer Review Committee Chair
James Hardenberg, CPA, Chief Learning Officer
New Jersey Society of CPAs
105 Eisenhower Parkway, Suite 300
Roseland, NJ 07068

Dear Ms. Johnson, Mr. Wolansky, and Mr. Hardenberg:

On January 7, 2025, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the New Jersey Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

December 5, 2024

To the Peer Review Committee of the New Jersey Society of CPAs:

We have reviewed the New Jersey Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The New Jersey Society of CPAs is responsible for administering the program in New Jersey. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the New Jersey Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in cursive script that reads 'Michael DeFalco'.

Michael DeFalco, Member, Oversight Task Force
AICPA Peer Review Board



December 5, 2024

To the Peer Review Committee of the New Jersey Society of CPAs:

We have reviewed the New Jersey Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated December 5, 2024. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on December 4 – 5, 2024, I met with the CPA on staff, the administrator, the technical reviewer, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and an administrator to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpa-cima.com | us.aicpa.org

The administering entity has developed a backup plan to support the administrators, technical reviewer, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewer to discuss their procedures.

Based on the information provided, I noted that the technical reviewer met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, I believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewer was available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications, including ethical and training requirements set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

Based on the information provided, I noted that the committee and RAB members met the qualifications, including ethical and training requirements set forth in the guidance.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on December 5, 2024 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the New Jersey Society of CPAs.



Michael DeFalco, Member, Oversight Task Force
AICPA Peer Review Board



December 18, 2024

Peer Review
Program

Administered in New Jersey by New Jersey Society of CPAs

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of New Jersey Society of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of the New Jersey Society of CPAs administration of the AICPA Peer Review Program performed on December 4-5, 2024.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Signature State CPA Society CEO
Aiysha Johnson

Print CEO name
December 18, 2024

Date

Signature of Peer Review Committee Chair
Michael Wolansky

Print Peer Review Committee Chair name
December 18, 2024

Date

Signature of CPA on staff
James Hardenberg

Print CPA on staff name
December 18, 2024

Date



December 14, 2022

Scott D. Wiley, CAE, President & CEO
Jodey Altier, CPA, Peer Review Committee Chair
Laura Hay, CPA, Executive Vice President
The Ohio Society of CPAs
4249 Easton Way, Ste. 150
Columbus, OH 4321

Dear Mr. Wiley, Ms. Altier, and Ms. Hay:

On December 13, 2022, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for The Ohio Society of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Brian Bluhm

Brian Bluhm, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

September 23, 2022

To the Peer Review Committee of The Ohio Society of CPAs:

We have reviewed The Ohio Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Ohio Society of CPAs is responsible for administering the program in Ohio. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that The Ohio Society of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink, appearing to read "John M. Guido".

John M. Guido, Member, Oversight Task Force
AICPA Peer Review Board



September 23, 2022

To the Peer Review Committee of The Ohio Society of CPAs:

We have reviewed The Ohio Society of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated September 23, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 21 – 23, 2022, I met with the Executive Vice President, who serves as the CPA on staff, the Peer Review Administrator and the Director of Technical Services who serve as the administrators, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrators to review the program's administration. I believe the administrative processes were being handled in a manner consistent with peer review standards.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. I noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

I noted committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpaglobal.com | cimaglobal.com | aicpa.org | cgma.org

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, I noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss procedures. Based upon the review of the information provided, I determined that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff

I met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, I determined that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, I believe these assessments are handled in a manner consistent with guidance.

I attended a RAB meeting on September 23, 2022 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to The Ohio Society of CPAs.



John M. Guido, Member, Oversight Task Force
AICPA Peer Review Board

November 11, 2022

Brian Bluhm, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of The Ohio Society of Certified Public Accountants

Dear Mr. Bluhm:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of The Ohio Society of CPAs' administration of the AICPA Peer Review Program performed on September 21-23, 2022.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewer(s). We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,



Scott D. Wiley, CAE
President & CEO



Jodey L. Altier, CPA
Chair, OSCPA Peer Review Committee



Laura A. Hay, CPA
EVP & CPA on Staff



March 4, 2024

Blaine M. Peterson, CPA, JD, President & CEO
Ross Roye, CPA, Peer Review Committee Chair
David Eatmon, CPA, CPA on Staff
Oklahoma Society of CPAs
5201 N. Shartel Avenue
Oklahoma City, OK 73118

Dear Mr. Peterson, Mr. Roye, and Mr. Eatmon:

On March 4, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Oklahoma Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

December 14, 2023

To the Peer Review Committee of the Oklahoma Society of CPAs:

We have reviewed the Oklahoma Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Oklahoma Society of CPAs is responsible for administering the program in Oklahoma, Kansas and South Dakota. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Oklahoma Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, reading "Michael DeFalco". The signature is fluid and cursive, with the first name "Michael" and last name "DeFalco" clearly distinguishable.

Michael DeFalco, Member, Oversight Task Force
AICPA Peer Review Board



December 14, 2023

To the Peer Review Committee of the Oklahoma Society of CPAs:

We have reviewed the Oklahoma Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated December 14, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on December 13 – 14, 2023, I met with the CPA on staff, the administrator, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrator to review procedures for administering the program. I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrator, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, I believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on December 14, 2023 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Oklahoma Society of CPAs.



Michael DeFalco, Member, Oversight Task Force
AICPA Peer Review Board

Administered in Oklahoma,
Kansas and South Dakota
by the Oklahoma Society of CPAs



Peer Review
Program

March 1, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Oklahoma Society of CPAs

To the AICPA Peer Review Oversight Task Force:

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of the Oklahoma Society of CPA's administration of the AICPA Peer Review Program performed on December 13-14, 2023.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Signature State CPA Society CEO

Blaine M. Peterson
Print CEO name

March 1, 2024
Date

Signature of CPA on staff

David L. Eatmon
Print CPA on staff name

March 1, 2024
Date

Signature of Peer Review Committee Chair

Ross H. Roye
Print Peer Review Committee Chair name

March 1, 2024
Date



January 26, 2023

Sherri L.D. McPherson, CAE, President/CEO
Richard V. Proulx, CPA, Peer Review Committee Chair
Darlene Boles, CPA, Director, Finance & Business Services
Oregon Society of CPAs
10206 SW Laurel Street
Beaverton, OR 97005-3209

Dear Ms. McPherson, Mr. Proulx, and Ms. Boles:

On January 25, 2023, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the Oregon Society of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Brian Bluhm

Brian Bluhm, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

October 21, 2022

To the Peer Review Committee of the Oregon Society of CPAs:

We have reviewed the Oregon Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Oregon Society of CPAs is responsible for administering the program in Oregon, Guam, Hawaii, and Northern Mariana Islands. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Oregon Society of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Tom Parry", is written over a horizontal line.

Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



October 21, 2022

To the Peer Review Committee of the Oregon Society of CPAs:

We have reviewed the Oregon Society of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated October 21, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on October 20-21, 2022, I met with the Director, Finance & Business Services, who serves as the CPA on staff, the Assistant Manager, Finance & Business Services and Peer Review Assistant, who serve as the administrators, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrators to review the program's administration. I believe the administrative processes were being handled in a manner consistent with peer review standards.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. I noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

I noted committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

220 Leigh Farm Road, Durham, NC, 27707-8110
T: +1.919.402.4502 F: +1.919.419.4713
aicpaglobal.com | cimaglobal.com | aicpa.org | cgma.org

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, I noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss procedures. Based upon the review of the information provided, I determined that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff

I met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, I determined that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, I believe these assessments are handled in a manner consistent with guidance.

I attended the combined peer review committee and RAB meeting on October 21, 2022 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

Oversight Program

I reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Oregon Society of CPAs.



Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



OSCPA Peer Review Program
Administered in Oregon by
Oregon Society of CPAs



AICPA
AICPA Peer Review Program
Administered in Oregon, Hawaii, Guam,
and Northern Mariana Islands by
Oregon Society of CPAs

January 12, 2023

Brian Bluhm, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Oregon Society of CPAs

Dear Mr. Bluhm:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of the Oregon Society of CPA's administration of the AICPA Peer Review Program performed on October 20-21, 2022.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewer(s). We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Sherri L.D. McPherson
OSCPA President & CEO

Sara L. Hummel
OSCPA Peer Review Committee Chair

Darlene E. Boles, CPA
OSCPA Director, Finance & Business Services



February 8, 2023

Jeannine Birmingham, CPA, CGMA, President & CEO
Keith Winfield, CPA, CPA, Peer Review Committee Chair
Chuck Jordan, CPA, CPA on Staff
Partners in Peer Review
1041 Longfield Court
Montgomery, AL 36117

Dear Ms. Birmingham, Mr. Winfield, and Mr. Jordan:

On February 8, 2023, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the Partners in Peer Review, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

October 27, 2022

To the Peer Review Committee of Partners in Peer Review:

We have reviewed Partners in Peer Review's administration of the AICPA Peer Review Program (program) as part of our oversight program. Partners in Peer Review is responsible for administering the program in Alabama, Arkansas, and Mississippi. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that Partners in Peer Review has complied with the administrative procedures and standards in **all** material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Michael DeFalco", written in a cursive style.

Michael DeFalco, Member, Oversight Task Force
AICPA Peer Review Board



October 27, 2022

To the Peer Review Committee of Partners in Peer Review:

We have reviewed Partners in Peer Review's administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated October 27, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on October 19 and 26-27, 2022, I met with the CPA on staff, the administrators, including the Director of Peer Review Operations, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrators to review the program's administration. I believe the administrative processes were being handled in a manner consistent with peer review standards.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. I noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

I noted committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, I noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss procedures. Based upon the review of the information provided, I determined that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff

I met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, I determined that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, I believe these assessments are handled in a manner consistent with guidance.

I attended a RAB meeting on October 19, 2022 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to Partners in Peer Review.

A handwritten signature in black ink, appearing to read "Michael DeFalco". The signature is fluid and cursive, with the first name "Michael" and last name "DeFalco" clearly distinguishable.

Michael DeFalco, Member, Oversight Task Force
AICPA Peer Review Board



PARTNERS IN PEER REVIEW

A division of The Alabama Society of CPAs



212 of 258

AICPA®

AICPA Peer Review Program
Administered in Alabama, Arkansas, and Mississippi
By Partners in Peer Review

January 20, 2023

Brian Bluhm, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Partners in Peer Review

Dear Mr. Bluhm:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of the Partners in Peer Review's administration of the AICPA Peer Review Program performed on October 19 and 26 - 27.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Jeannine Birmingham, CPA
President & CEO

Keith Winfield, CPA
Committee Chair

Chuck Jordan, CPA
CPA on Staff



February 2, 2024

Geoffrey Brown, President & CEO
Kim Meyer, CPA, Peer Review Committee Chair
Paul Pierson, CPA, Senior Director, Peer Review & Professional Standards
Peer Review Alliance
550 W Jackson, Ste 900
Chicago, IL 60661-5742

Dear Mr. Brown, Ms. Meyer, and Mr. Pierson:

On February 1, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Peer Review Alliance. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

October 12, 2023

To the Peer Review Committee of the Peer Review Alliance:

We have reviewed the Peer Review Alliance's administration of the AICPA Peer Review Program (program) as part of our oversight program. The Peer Review Alliance is responsible for administering the program in Illinois, Indiana, Iowa, Kentucky, South Carolina, West Virginia, and Wisconsin. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the AICPA *Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Peer Review Alliance has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Tom Parry".

Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



October 12, 2023

To the Peer Review Committee of the Peer Review Alliance:

We have reviewed the Peer Review Alliance's administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated October 12, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 27, 2023 and October 11 – 12, 2023, Karen Welch, a member of the Oversight Task Force, and I met with the President and CEO, the Senior Director, Peer Review & Professional Standards, who serves as the CPA on staff, the Assistant Director, Peer Review & Professional Standards, the scheduling managers, who serve as the administrators, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and administrators to review procedures for administering the program. We believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. We noted that open reviews were being effectively monitored for completion.

We noted peer review committee (committee) decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. We noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

We met with the technical reviewers to discuss their procedures.

Based on the information provided, we noted that all technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, we believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

We met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, we noted that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of

peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

We met with the committee chair to discuss their procedures.

We noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, we believe these are handled in a manner consistent with guidance.

We attended a RAB meeting on September 27, 2023 and observed the acceptance process and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

We also attended a peer review executive committee meeting.

Oversight Program

We reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Peer Review Alliance.



Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



Administering peer reviews for the following:

Illinois CPA Society | Indiana CPA Society | Iowa Society of CPAs | Kentucky Society of CPAs
South Carolina Association of CPAs | West Virginia Society of CPAs | Wisconsin Institute of CPAs

January 29, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

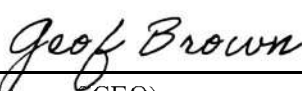
Re: Oversight of Peer Review Alliance

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of the Peer Review Alliance's administration of the AICPA Peer Review Program performed on September 27, 2023 and October 11 – 12, 2023.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no deficiencies, findings, or observations in the oversight documents.

Sincerely,


(Signature of CEO)

Geof Brown, CAE
(Print name)


January 29, 2024
(Date)



(Signature of Peer Review Committee Chair)

Kim Meyer, CPA
(Print name)

January 29, 2024
(Date)


(Signature of CPA on staff)

Paul Pierson, CPA
(Print name)

January 29, 2024
(Date)



December 14, 2022

Jennifer Cryder, CPA, MBA, CEO
Linda Gabor, CPA, Peer Review Committee Chair
Allison Henry, CPA, VP of Professional and Technical Standards
Pennsylvania Institute of CPAs
1801 Market Street Suite 2400
Philadelphia, PA 19103

Dear Ms. Cryder, Ms. Gabor, and Ms. Henry:

On December 13, 2022, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the Pennsylvania Institute of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Brian Bluhm

Brian Bluhm, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

September 29, 2022

To the Peer Review Committee of the Pennsylvania Institute of CPAs:

We have reviewed the Pennsylvania Institute of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Pennsylvania Institute of CPAs is responsible for administering the program in Pennsylvania, Delaware, New York, and the Virgin Islands. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Pennsylvania Institute of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Thomas J. Parry", is positioned above the printed name.

Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



September 29, 2022

To the Peer Review Committee of the Pennsylvania Institute of CPAs:

We have reviewed the Pennsylvania Institute of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated September 29, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 27-29, 2022, Kim Meyer, a member of the Oversight Task Force, and I met with the Vice President of Technical & Professional Standards, who serves as the CPA on staff, the Peer Review Administration Manager and Coordinators, who serve as the administrators, the technical reviewers, including the Professional & Technical Standards Manager, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and administrators to review the program's administration. We believe the administrative processes were being handled in a manner consistent with peer review standards.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. We noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

We noted committee decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, we noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

We met with the technical reviewers to discuss procedures. Based upon the review of the information provided, we determined that all technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews. We believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff

We met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, we determined that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

We met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, we believe these assessments are handled in a manner consistent with guidance.

We attended a RAB meeting on September 27, 2022 and observed the acceptance process and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

We also attended a peer review committee meeting on September 29, 2022.

Oversight Program

We reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Pennsylvania Institute of CPAs.



Thomas J. Parry, Member, Oversight Task Force
AICPA Peer Review Board



Nov. 15, 2022

Brian Bluhm, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of PICPA

Dear Mr. Bluhm:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of the PICPA's administration of the AICPA Peer Review Program performed on Sept. 27 through Sept. 29, 2022.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Cryder".

Jennifer Cryder, CPA, MBA
PICPA – CEO

A handwritten signature in black ink that reads "Linda Gabor CPA".

Linda Gabor
PICPA – Peer Review Committee Chair

A handwritten signature in black ink that reads "Allison M. Henry".

Allison M. Henry
PICPA – CPA on Staff



June 25, 2024

Yoel Sepulveda, CPA, CEO
Raul Hernandez CPA, Peer Review Committee Chair
Maria Laboy, CPA, Executive Subdirector Membership & Operations
Puerto Rico Society of CPAs
Edif. Capital Center I
239 Arterial Hostos Ave. Suite 1401
San Juan, PR 00918-1477

Dear Mr. Sepulveda, Mr. Hernandez, and Ms. Laboy:

On June 24, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Puerto Rico Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

August 23, 2023

To the Peer Review Committee of the Puerto Rico Society of CPAs:

We have reviewed the Puerto Rico Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Puerto Rico Society of CPAs is responsible for administering the program in Puerto Rico. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Puerto Rico Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, appearing to read "Richard Wortmann", is positioned above the printed name.

Richard Wortmann, Member, Oversight Task Force
AICPA Peer Review Board



August 23, 2023

To the Peer Review Committee of the Puerto Rico Society of CPAs:

We have reviewed the Puerto Rico Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated August 23, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on August 22 – 23, 2023, I met with the Executive Director, Executive Subdirector Membership & Operations, who serves as the CPA on staff, peer review administrator, the technical reviewer, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrator to review procedures for administering the program. Except as noted below, I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted several open reviews, including those with open corrective actions or implementation plans, that did not appear to be actively monitored for completion.

I noted peer review committee (committee) decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrator, technical reviewer, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewer to discuss their procedures.

Based on the information provided, I noted that the technical reviewer met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for reviews being presented to the RAB on August 23, 2023. I noted significant revisions were requested by the technical reviewer prior to presentation to the RAB; however, reviewer performance feedback was not recommended. Additionally, there were technical matters that had not been sufficiently addressed by the technical reviewer, resulting in deferral of the reviews.

During the RAB meeting observed, the technical reviewer was available to answer any questions that arose.

For the period evaluated, I noted that over 10% of reviews presented were deferred by the RAB. In part, due to unresolved technical issues not initially identified or addressed by the technical reviewer before presentation. This is a repeat comment.

I noted that reviews are not consistently presented to the RAB within 120 days of receipt of the documents from the reviewer, as required by standards.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on August 23, 2023 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, I noted reviews in which technical matters had not been sufficiently addressed by the technical reviewer and some of these were not identified by the RAB. Although the RAB had already expressed its intent to defer acceptance of the reviews, my comments were added to the reasons for the deferrals. This is a repeat comment.

After reviewing past meeting minutes and discussing with administering entity staff, I noted the RAB/committee is not issuing reviewer performance feedback forms when appropriate, particularly when the RAB/committee has concluded that a review should be deferred to obtain additional information from the reviewer to allow the RAB/committee to consider acceptance of the review. This is a repeat comment.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

My recommendations to enhance the Puerto Rico Society of CPAs' administration of the program are summarized as follows:

The administering entity should actively monitor open reviews, including those with corrective actions or implementation plans, so that reviews are completed timely. This includes identifying stalled reviews, sending overdue notices to firms and reviewers in accordance with guidance, and performing outreach when applicable.

Technical reviewers should exercise greater care in performing technical reviews to identify and resolve issues before the report acceptance process and the RAB should exercise care to ensure all critical matters are identified and discussed.

Technical reviewers and RAB/committee members should review the applicable guidance related to reviewer performance feedback and recommend and issue feedback when appropriate.

The administering entity should consistently present reviews to the RAB within 120 days after receipt of the review documents.

A handwritten signature in black ink, appearing to read 'Richard Wortmann', with a stylized, flowing script.

Richard Wortmann, Member, Oversight Task Force
AICPA Peer Review Board

Administered in Puerto Rico by
Colegio de CPA de Puerto Rico



Peer Review
Program

Sent by e-mail

May 16, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of the Puerto Rico Society of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the Puerto Rico Society of CPAs administration of the AICPA Peer Review Program (program) performed on August 22 – 23, 2023.

The matters discussed herein were brought to the attention of all peer review committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Administrative Procedures

We recognize that following administrative processes for the program, including appropriate actions, are important; accordingly, we have policies and procedures in place to follow up and monitor open reviews, including reviews with corrective actions and implementation plans that have not yet been completed. We will exercise greater focus on these open reviews, including performing outreach to ensure appropriate actions are taken in a timely manner and reflected in PRIMA.

Technical Review Procedures

We have provided additional training and feedback to the technical reviewer to promote completeness and consistency in preparing reviews being presented to the RAB. Additionally, we have developed and implemented policies and procedures to reduce the number of reviews that are presented with unresolved technical issues to reduce the number of deferrals and delays within the RAB acceptance process. Some of the additional training courses are internal workshops covering different technical and peer review matters, which also help in this area. As part of the implementation of policies and procedures, we are requiring the technical reviewer to bring peer reviews which may have technical issues to the attention of the CPA on Staff. The technical reviewer, in coordination with the Committee Chair, shall activate a subcommittee to review in detail the peer review documents before the committee meeting. This subcommittee is composed of one or two committee members with appropriate expertise in the matter. In

this way, any technical matters not sufficiently addressed by the technical reviewer shall be identified and resolved, prior to the presentation to the RAB.

As required by standards, we will focus on presenting peer reviews to the RAB within 120 days of receipt of the reviewers' working papers. The following actions will be taken to assist with our goal of more timely presentation of reviews to future RAB meetings. The technical reviewer shall concentrate on follow ups to team captains to promote their quicker answers to technical reviewer questions/comments. The technical reviewer shall also commence the overdue process when revisions are not submitted by the agreed-upon due date. The technical reviewer has already started completing a table in which reviewer performance is summarized per peer review, thus, facilitating recommendations to the committee to issue reviewer performance feedback, when necessary. This will also help to identify patterns of reviewer performance findings or deficiencies.

RAB and Peer Review Committee Procedures

The RAB/Committee shall review the guidance on reviewer performance and issue reviewer feedback when significant working paper revisions are required, thereby documenting specific areas of needed improvement. In this way, the Committee will ensure that reviewer performance feedback forms are issued when appropriate.

We believe with these actions we addressed the oversight observations as detailed in the report and letter of procedures and observations issued in connection with the oversight of our administration of the program, performed on August 22 – 23, 2023

Thanks for your input during the performance of the oversight process, your professionalism is valued.

Thanks, and best regards.

Sincerely,

Administered in Puerto Rico by
Colegio de CPA de Puerto Rico



Peer Review
Program

Yoel Y. Sepúlveda

Signature State CPA Society CEO

Yoel Y. Sepúlveda, CPA

Print CEO name.

May 16, 2024

Date

[Signature]

Signature of Peer Review Committee Chair

Raúl Hernández, CPA

Print Peer Review Committee Chair name.

May 16, 2024

Date

Maria T. Laboy

Signature of CPA on staff

Maria T. Laboy, CPA

Print CPA on Staff name.

May 16, 2024

Date



December 14, 2022

Kara Fitzgerald, CPA, CAE, CGMA, President/CEO
Richard Hill, CPA, Peer Review Committee Chair
Tennessee Society of CPAs
201 Powell Place
Brentwood, TN 37027

Dear Ms. Fitzgerald and Mr. Hill:

On December 13, 2022, the AICPA Peer Review Board Oversight Task Force accepted the report and letter of procedures and observations on the most recent oversight for the Tennessee Society of CPAs, the administering entity for the AICPA Peer Review Program, and the administering entity's response thereto. A copy of this acknowledgement, the two oversight documents, and your response have now been posted to the AICPA Peer Review Program website.

The next administering entity oversight will be in 2024.

The AICPA Peer Review Board appreciates your cooperation and efforts in making the peer review program a success.

Sincerely,

Brian Bluhm

Brian Bluhm, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

September 28, 2022

To the Peer Review Committee of the Tennessee Society of CPAs:

We have reviewed the Tennessee Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Tennessee Society of CPAs is responsible for administering the program in Tennessee. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the AICPA Peer Review Program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance established by the board.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the administrative procedures established by the board, (2) the reviews are being conducted and reported upon in accordance with the standards, (3) the results of the reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Tennessee Society of CPAs has complied with the administrative procedures and standards in all material respects as established by the board.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink, reading "Richard E. Wortmann", with a long horizontal flourish extending to the right.

Richard Wortmann, Member, Oversight Task Force
AICPA Peer Review Board



September 28, 2022

To the Peer Review Committee of the Tennessee Society of CPAs:

We have reviewed the Tennessee Society of CPAs' administration of the AICPA Peer Review Program as part of our oversight program and have issued our report thereon dated September 28, 2022. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the AICPA Peer Review Program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on September 27-28, 2022, I met with the President/Chief Executive Officer, who serves as the CPA on staff, the Chief Operating Officer, who serves as the administrator, the technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on Staff, technical reviewers, and administrator to review the program's administration. I believe the administrative processes were being handled in a manner consistent with peer review standards.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans, which had not yet been completed. I noted that open reviews were being effectively monitored for completion by the administering entity staff and the peer review committee.

I noted committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if the information disseminated on their website regarding the AICPA Peer Review Program is accurate and timely. After review of the website material, I noted that the administering entity maintains current information as it relates to the peer review program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if peer review information is accurate and timely.

Technical Review Procedures

I met with the primary technical reviewer to discuss procedures. Based upon the review of the information provided, I determined that all technical reviewers met the qualifications set forth in the guidance.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews. I believe the technical reviewer for each review properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewer was available to answer any questions that arose.

CPA on Staff

I met with the CPA on staff to discuss procedures for monitoring the program. Based upon the review of the information provided, I determined that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the peer review committee chair and discussed their procedures, including how comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding peer review committee/RAB assessments of firms with consecutive non-pass peer review reports and whether the failure to improve may be deemed as noncooperation. After discussions with the peer review committee chair and administering entity staff, I believe these assessments are handled in a manner consistent with guidance.

I attended a RAB meeting on September 28, 2022 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the peer review committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Tennessee Society of CPAs.

A handwritten signature in black ink, reading "Richard E. Wortmann". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Richard Wortmann, Member, Oversight Task Force
AICPA Peer Review Board

October 31, 2022

Brian Bluhm, Chair
Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Tennessee Society of CPAs

Dear Mr. Bluhm:

This letter represents our acknowledgement of the oversight, report, and letter of procedures and observations issued in connection with the review of the Tennessee Society of CPAs' administration of the AICPA Peer Review Program performed on September 27-28, 2022.

The oversight documents have been disseminated to all peer review program committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,



Kara Fitzgerald, CPA, CGMA, CAE
President/CEO
Tennessee Society of CPAs



Richard W. Hill, CPA, CGMA
Tennessee Society of CPAs Peer Review Committee Chair



February 13, 2024

Jodi Ann Ray, CAE, IOM, President & CEO
Jana Broussard, CPA, Peer Review Committee Chair
Edith Cogdell, CPA, CFO
Texas Society of CPAs
14131 Midway Rd. Suite 850
Addison, TX 75001

Dear Ms. Ray, Ms. Broussard, and Ms. Cogdell:

On February 12, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Texas Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

December 12, 2023

To the Peer Review Committee of the Texas Society of CPAs:

We have reviewed the Texas Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Texas Society of CPAs is responsible for administering the program in Texas. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Texas Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in black ink that reads "Randy S. Watson".

Randy S. Watson, Member, Oversight Task Force
AICPA Peer Review Board



December 12, 2023

To the Peer Review Committee of the Texas Society of CPAs:

We have reviewed the Texas Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated December 12, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on December 11-12, 2023, LaVonne Montague, Senior Manager – AICPA Peer Review Program, and I met with the CFO who serves as the CPA on staff, the technical reviewers, administrator, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

We met with the CPA on staff and administrator to review procedures for administering the program. We believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

We reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. We noted that open reviews were being effectively monitored for completion.

We noted peer review committee (committee) decision letters are prepared and sent timely.

We reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. We reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

We noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. We noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

We met with the technical reviewers to discuss their procedures.

Based on the information provided, we noted that the technical reviewers met the qualifications set forth in the guidance.

We reviewed the reports, letters of response, if applicable, and the working papers for several reviews. For each review, we believe the technical reviewer properly addressed issues before the reviews were presented to the report acceptance body (RAB), which helped the efficiency and effectiveness of the acceptance process.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

We met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, we noted that the CPA on staff met the qualifications set forth in the guidance.

We reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of

peer reviews. We reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

We met with the committee chair to discuss their procedures.

We noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

We reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, we believe these are handled in a manner consistent with guidance.

There were two concurrent RAB meetings on December 12, 2023 and we observed the acceptance process in each meeting and offered our comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Appropriate decisions were made in the acceptance process.

We also attended a peer review committee meeting.

Oversight Program

We reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

Summary

There are no further observations to be communicated to the Texas Society of CPAs.

A handwritten signature in black ink that reads "Randy S. Watson". The signature is written in a cursive, flowing style.

Randy S. Watson, Member, Oversight Task Force
AICPA Peer Review Board



February 2, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Texas Society of CPAs

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our acknowledgment of the oversight report and letter of procedures and observations issued in connection with the oversight of the Texas Society of CPA's administration of the AICPA Peer Review Program performed on December 11 - 12, 2023.

The oversight documents have been disseminated to all peer review committee members, administrative staff, and technical reviewers. We are pleased that there were no specific deficiencies or observations in the oversight documents that required a written response.

Sincerely,

Jodi Ann Ray

Jodi Ann Ray (Feb 3, 2024 11:32 CST)

Signature State CPA Society CEO

Jodi Ann Ray

Print CEO name

February 2, 2024

Date

Edith C Cogdell

Signature of CPA on staff

Edith Cogdell

Print CPA on staff name

February 2, 2024

Date

Jana K Broussard

Signature of Peer Review Committee Chair

Jana K. Broussard

Print Peer Review Committee Chair name

February 2, 2024

Date





October 4, 2024

Stephanie Peters, CAE, President & CEO
Edward Schmitz, CPA, Peer Review Committee Chair
Mark Harris, CPA, Director of Professional Services/CPA on Staff
Virginia Society of CPAs
4309 Cox Road
Glen Allen, VA 23060

Dear Ms. Peters, Mr. Schmitz, and Mr. Harris:

On October 2, 2024, the AICPA Peer Review Board's Oversight Task Force accepted the report, letter of procedures and observations, and your response thereto on the most recent oversight of the Virginia Society of CPAs. These documents are now available on the AICPA Peer Review Program website.

We appreciate your cooperation and efforts in making the peer review program a success.

Sincerely,

Kim D. Meyer

Kim D. Meyer, CPA
Chair – Oversight Task Force
AICPA Peer Review Board



Oversight Report

November 16, 2023

To the Peer Review Committee of the Virginia Society of CPAs:

We have reviewed the Virginia Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program. The Virginia Society of CPAs is responsible for administering the program in Virginia and the District of Columbia. Our procedures were conducted in conformity with the guidance established by the AICPA Peer Review Board (board) as contained in the *AICPA Peer Review Program Oversight Handbook*.

Administering Entity's Responsibility

The administering entity is responsible for administering the program in compliance with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

Oversight Task Force's Responsibility

Our responsibility is to determine whether (1) administering entities are complying with the standards and other guidance, (2) reviews are being conducted and reported upon in accordance with the standards and other guidance, (3) results of reviews are being evaluated on a consistent basis by all administering entity peer review committees, and (4) information disseminated by administering entities is accurate and timely.

Conclusion

Based on the results of the procedures performed, we have concluded that the Virginia Society of CPAs has complied with the standards and other guidance, in all material respects.

We have also issued a letter of oversight procedures and observations that details the oversight procedures performed and sets forth recommendations that did not affect the conclusions expressed in this report.

A handwritten signature in blue ink that reads "April Boudreaux".

April Boudreaux, Member, Oversight Task Force
AICPA Peer Review Board



November 16, 2023

To the Peer Review Committee of the Virginia Society of CPAs:

We have reviewed the Virginia Society of CPAs' administration of the AICPA Peer Review Program (program) as part of our oversight program and have issued our report thereon dated November 16, 2023. That report should be read in conjunction with the observations in this letter. The observations described below were considered but did not affect the conclusions expressed in that report.

The oversight was conducted according to the procedures in the *AICPA Peer Review Program Oversight Handbook*. The oversight program is designed to improve the administering entity's administration of the program through feedback on its policies and procedures, and to provide resource assistance from an AICPA Peer Review Board Oversight Task Force member on both technical and administrative matters.

During the oversight conducted on November 15 – 16, 2023, I met with the Director of Professional Services, who serves as the CPA on staff, administrators, technical reviewers, and the peer review committee chair.

In conjunction with the administering entity oversight, the following observations are being communicated.

Administrative Procedures

I met with the CPA on staff and administrators to review procedures for administering the program. Except as noted below, I believe the administrative processes were being handled in a manner consistent with the *AICPA Standards for Performing and Reporting on Peer Reviews* (standards) and other guidance.

In reviewing meeting minutes and discussing with administering entity staff, I noted instances where Peer Review Oversight Committee (PROC) members observing report acceptance body (RAB) meetings were improperly provided confidential information when they had a conflict of interest.

I reviewed the status of open reviews, including reviews with corrective actions and implementation plans which had not yet been completed. I noted that open reviews were being effectively monitored for completion.

I noted peer review committee decision letters are prepared and sent timely.

I reviewed the policies and procedures for granting extensions and noted that extension requests are discussed with the committee when warranted.

The administering entity has developed a backup plan to support the administrators, technical reviewers, and the CPA on staff if they become unable to serve in their respective capacities. I reviewed the backup plan and noted it complied with guidance.

According to discussions with administering entity staff, working paper retention policies for completed reviews are consistently followed.

I noted that the administering entity has policies and procedures in place to determine if information disseminated on their website regarding the program is accurate and timely. I noted the administering entity maintains current information on their website relating to the program. In addition, the administering entity has an individual who is responsible for maintaining the website and monitors it periodically to determine if program information is accurate and timely.

Technical Review Procedures

I met with the technical reviewers to discuss their procedures.

Based on the information provided, I noted that the technical reviewers met the qualifications set forth in the guidance, except as noted below.

I was notified that a technical reviewer did not complete one of the required initial technical reviewer training courses before serving as a technical reviewer.

I reviewed the reports, letters of response, if applicable, and the working papers for several reviews being presented to the RAB on November 16, 2023. I noted one review in which technical matters had not been sufficiently addressed by the technical reviewer, resulting in deferral of the review.

During the RAB meeting observed, the technical reviewers were available to answer any questions that arose.

CPA on Staff Procedures

I met with the CPA on staff to discuss procedures for monitoring the program.

Based on the information provided, I noted that the CPA on staff met the qualifications set forth in the guidance.

I reviewed the annual confidentiality agreements and noted that appropriate agreements were obtained and signed based on each individual's role in the program.

The administering entity has developed policies and procedures to identify familiarity threats and implement safeguards to maintain objectivity and skepticism while considering the results of peer reviews. I reviewed the familiarity threat policies and procedures and noted they are comprehensive.

RAB and Peer Review Committee Procedures

I met with the committee chair to discuss their procedures.

I was notified that several RAB members did not complete the introductory RAB member training course as required.

I noted that comments resulting from RAB observation reports are disseminated to the appropriate individuals.

I reviewed procedures regarding RAB/committee evaluations of firms receiving consecutive non-pass peer review reports and whether the failure to correct deficiencies or significant deficiencies should be deemed as noncompliance with the requirements of the program. After reviewing evaluations and discussing with the committee chair and administering entity staff, I believe these are handled in a manner consistent with guidance.

I attended a RAB meeting on November 16, 2023 and observed the acceptance process and offered my comments at the close of discussions. It was apparent that the RAB members had reviewed the reports and working papers prior to the meeting and had a good understanding of the program. Except as noted below, appropriate decisions were made in the acceptance process.

As noted in the Technical Review Procedures section, I noted one review in which technical matters had not been sufficiently addressed by the technical reviewer and these were not identified by the RAB. The RAB was ready to accept the review as presented; however, based on my comments and subsequent discussion by the RAB, they agreed to defer the review to obtain additional information from the captain and revised peer review documents.

I also attended a peer review committee meeting.

Oversight Program

I reviewed the oversight policies and procedures adopted by the committee and noted the oversight program is comprehensive.

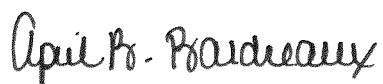
Summary

My recommendations to enhance the Virginia Society of CPAs' administration of the program are summarized as follows:

Administering entity staff should review the guidance related to conflicts of interest for PROC members and implement procedures so that confidential information related to the specific conflict is not provided to PROC members.

Technical reviewers should exercise greater care in performing technical reviews to identify and resolve issues before the report acceptance process and the RAB should exercise care to ensure all critical matters are identified and discussed.

The administering entity should establish procedures to ensure any new technical reviewers and RAB members take all required training timely.

A handwritten signature in black ink that reads "April B. Boudreaux". The signature is written in a cursive, flowing style.

April Boudreaux, Member, Oversight Task Force
AICPA Peer Review Board

May 7, 2024

Oversight Task Force
AICPA Peer Review Board
Palladian I Corporate Center
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Oversight of Virginia Society of CPA's Peer Review Administering Entity

To the AICPA Peer Review Board's Oversight Task Force:

This letter represents our response to the report and letter of procedures and observations issued in connection with the oversight of the Virginia Society of CPA's administration of the AICPA Peer Review Program performed on November 15-16, 2023.

The matters discussed herein were brought to the attention of all VSCPA Peer Review Committee members, administrative staff, and technical reviewers. In addition, the matters discussed in this letter will be monitored to ensure they are effectively implemented as part of our administration of the program.

Administrative Procedures

We have reviewed the guidance concerning information provided to conflicted PROC member-observers of RAB meetings. We verified that in the two instances where additional information was provided to an observer with a conflict, the additional information did not impact the PROC members' adherence to policies covering their responsibility of confidentiality of information concerning a specific firm or peer reviewer and that the recusal policy to remove the observer's presence during RAB discussions had been applied. We have tailored the package of information provided to PROC attendees of recent RABs. We have implemented a schedule to assist in monitoring the PROC members' association with firms and peer reviewers.

Technical Review Procedures / RAB and Peer Review Committee Procedures

The instances regarding the initial/introductory RAB training and technical reviewer courses occurred respectively in 2017-18 and 2019. We expended significant resources to determine what was communicated to the members and what had occurred. We found no exceptions to training by all subsequent new RAB members and a technical reviewer. We improved the related documentation in our files and updated information in SharePoint. We appreciated the guidance received from AICPA staff, applied judgement to decide what to do, memorialized and shared the decision with OTF representatives in December 2023. The four RAB members and the technical reviewer were notified. It was determined that each demonstrates competence in the performance of their role in the peer review program and the VSCPA Peer Review Committee. The Committee believes that the knowledge and relative benefit would be inconsistent with the resources asked of these experienced and dedicated volunteers or the technical reviewer to complete introductory or initial courses at this time.

Of the several reviews presented in our RAB on November 16, 2023, the discussion following the OTF member's comments resulted in one review to be deferred. That peer review presented unique challenges in the technical review process. The CPA on Staff and the technical reviewer worked with the team captain to obtain improvement in the peer review documents. Following the eventual acceptance of this review, the CPA on Staff considered the nature and circumstances relative to the technical reviewer's demonstrated knowledge of technical issues, judgement, and resolution to achieve the completeness of reviews presented to RABs. The AE staff continue to monitor the procedures applied to reviews going to RABs and work with the Committee Chair to minimize the occurrence of deferrals or delays, while not discouraging these actions when members' judgement is voiced in RAB discussions and as needed to ensure thorough consideration.

Sincerely,



Stephanie Peters, CAE
President & CEO
Virginia Society of CPAs



Karen Jackson, CPA
Peer Review Committee Chair
Virginia Society of CPAs



Mark P. Harris, CPA
CPA on Staff
Virginia Society of CPAs

Thomas Cordell

From: Thania Fernandez
Sent: Monday, February 10, 2025 9:29 AM
To: Jennifer Winters
Cc: Thomas Cordell
Subject: FW: Proposed website changes from PROC meeting
Attachments: Proposed Website Changes rev1 .docx

Hello Jennifer:

This was reviewed and approved for posting. Please send to OPWEB.

Thank you

Thania

From: Jennifer Winters <Jennifer.Winters@nysed.gov>
Sent: Friday, February 7, 2025 1:41 PM
To: Thania Fernandez <Thania.Fernandez@nysed.gov>
Cc: Thomas Cordell <Thomas.Cordell@nysed.gov>
Subject: Proposed website changes from PROC meeting

Hello,

See the attached proposed FAQ for the peer review website:

<https://www.op.nysed.gov/professions/certified-public-accountants/mandatory-peer-review>

Added as question #18 under the FAQs and restart numbering of Overview of PROC at question #19

To follow will be regulation changes for 70.10.

Jennifer Winters, CPA

Executive Secretary
 State Board for Certified Shorthand Reporting
 State Board for Public Accountancy
 Peer Review Oversight Committee

NYS Education Department
 Office of the Professions
 89 Washington Avenue
 2nd Floor, East Wing
 Albany, NY 12234

Phone: 518.474.3817 ext. 160

Fax: 518.474.6375

<https://www.op.nysed.gov/certified-shorthand-reporting>

<https://www.op.nysed.gov/certified-public-accountants>

<https://www.op.nysed.gov/professions/certified-public-accountants/mandatory-peer-review>

Proposed Website Change to FAQs

Will my firm be in compliance with the Mandatory Peer Review Program if it early adopts the new quality management standards by the American Institute of Certified Public Accountants (AICPA)?

Yes, a firm that early adopts the quality management standards will continue to be in compliance with Mandatory Peer Review Program. The AICPA has an effective date of December 15, 2025 for all firms to convert its system of quality control to a system of quality management. The system of quality management enhances a firm's system of quality control by adding a risk-based approach, incorporating a risk assessment process that drives firms to focus on quality management.

Note, a firm, if applicable, is required to be in compliance with the Public Company Accounting Oversight Board's (PCAOB) newly revised Quality Control 1000 standards (QC1000) that also focuses on a risk-based approach. The revised PCAOB QC1000 standards are also effective December 15, 2025 to align with the effective date of the AICPA quality management standards.

Updated FAQ #18

<https://www.op.nysed.gov/professions/certified-public-accountants/mandatory-peer-review>

18. Will my firm be in compliance with the Mandatory Peer Review Program if it early adopts the new quality management standards by the American Institute of Certified Public Accountants (AICPA)?

Yes, a firm that early adopts the quality management standards will continue to be in compliance with Mandatory Peer Review Program. The AICPA has an effective date of December 15, 2025 for all firms to convert its system of quality control to a system of quality management. The system of quality management enhances a firm's system of quality control by adding a risk-based approach, incorporating a risk assessment process that drives firms to focus on quality management.

Note, a firm, if applicable, is required to be in compliance with the Public Company Accounting Oversight Board's (PCAOB) newly revised Quality Control 1000 standards (QC1000) that also focuses on a risk-based approach. The revised PCAOB QC1000 standards are also effective December 15, 2025 to align with the effective date of the AICPA quality management standards.

PICPA - PRC and RAB Meeting Schedule
July 2025 through June 2026

Meeting Type	Meeting Date	Day	Time
TeleRAB	7/10/2025	Thursday	9:30 - 11:30 am
TeleRAB	7/10/2025	Thursday	9:30 - 11:30 am
PRC Meeting	7/22/2025	Tuesday	10:00 am - 12:00pm
TeleRAB	7/24/2025	Thursday	9:30 - 11:30 am
TeleRAB	7/24/2025	Thursday	9:30 - 11:30 am
TeleRAB	7/24/2025	Thursday	2:00 - 4:00 pm
TeleRAB	8/12/2025	Tuesday	9:30 - 11:30 am
TeleRAB	8/12/2025	Tuesday	2:00 - 4:00 pm
TeleRAB	8/21/2025	Thursday	9:30 - 11:30 am
TeleRAB	8/21/2025	Thursday	2:00 - 4:00 pm
TeleRAB	9/9/2025	Tuesday	9:30 - 11:30 am
TeleRAB	9/9/2025	Tuesday	9:30 - 11:30 am
TeleRAB	9/9/2025	Tuesday	2:00 - 4:00 pm
TeleRAB	9/18/2025	Thursday	9:30 - 11:30 am
TeleRAB	9/18/2025	Thursday	9:30 - 11:30 am
PRC Meeting	9/23/2025	Tuesday	10:00 am - 12:00pm
TeleRAB	9/25/2025	Thursday	9:30 - 11:30 am
TeleRAB	10/9/2025	Thursday	9:30 - 11:30 am
TeleRAB	10/9/2025	Thursday	9:30 - 11:30 am
TeleRAB	10/23/2025	Thursday	9:30 - 11:30 am
TeleRAB	10/23/2025	Thursday	9:30 - 11:30 am
TeleRAB	10/28/2025	Tuesday	9:30 - 11:30 am
TeleRAB	10/28/2025	Tuesday	2:00 - 4:00 pm
PRC Meeting	11/11/2025	Tuesday	10:00 am - 12:00pm
TeleRAB	11/13/2025	Thursday	9:30 - 11:30 am
TeleRAB	11/13/2025	Thursday	2:00 - 4:00 pm
TeleRAB	11/20/2025	Thursday	9:30 - 11:30 am
TeleRAB	11/20/2025	Thursday	2:00 - 4:00 pm
TeleRAB	12/2/2025	Tuesday	9:30 - 11:30 am
TeleRAB	12/2/2025	Tuesday	9:30 - 11:30 am
TeleRAB	12/9/2025	Tuesday	9:30 - 11:30 am
TeleRAB	12/9/2025	Tuesday	2:00 - 4:00 pm
TeleRAB	12/11/2025	Thursday	9:30 - 11:30 am
TeleRAB	12/11/2025	Thursday	2:00 - 4:00 pm
TeleRAB	12/18/2025	Thursday	9:30 - 11:30 am
TeleRAB	1/6/2026	Tuesday	9:30 - 11:30 am
TeleRAB	1/13/2026	Tuesday	9:30 - 11:30 am
TeleRAB	1/13/2026	Tuesday	9:30 - 11:30 am
TeleRAB	1/13/2026	Tuesday	2:00 - 4:00 pm
PRC Meeting	1/15/2026	Thursday	10:00 am - 12:00pm
TeleRAB	1/22/2026	Thursday	9:30 - 11:30 am
TeleRAB	1/29/2026	Thursday	9:30 - 11:30 am
TeleRAB	2/5/2026	Thursday	9:30 - 11:30 am

PICPA - PRC and RAB Meeting Schedule
July 2025 through June 2026

Meeting Type	Meeting Date	Day	Time
TeleRAB	2/5/2026	Thursday	2:00 - 4:00 pm
TeleRAB	2/10/2026	Tuesday	9:30 - 11:30 am
TeleRAB	2/12/2026	Thursday	9:30 - 11:30 am
TeleRAB	3/3/2026	Tuesday	9:30 - 11:30 am
TeleRAB	3/12/2026	Thursday	9:30 - 11:30 am
TeleRAB	3/19/2026	Thursday	9:30 - 11:30 am
TeleRAB	4/2/2026	Thursday	9:30 - 11:30 am
TeleRAB	4/21/2026	Tuesday	9:30 - 11:30 am
TeleRAB	4/21/2026	Tuesday	2:00 - 4:00 pm
TeleRAB	4/30/2026	Tuesday	9:30 - 11:30 am
TeleRAB	5/5/2026	Tuesday	9:30 - 11:30 am
TeleRAB	5/5/2026	Tuesday	9:30 - 11:30 am
TeleRAB	5/5/2026	Tuesday	2:00 - 4:00 pm
TeleRAB	5/12/2026	Tuesday	9:30 - 11:30 am
TeleRAB	5/12/2026	Tuesday	9:30 - 11:30 am
PRC Meeting	5/14/2026	Thursday	10:00 am - 12:00pm
TeleRAB	5/21/2026	Thursday	9:30 - 11:30 am
TeleRAB	6/9/2026	Tuesday	9:30 - 11:30 am
TeleRAB	6/9/2026	Tuesday	9:30 - 11:30 am
TeleRAB	6/9/2026	Tuesday	2:00 - 4:00 pm
TeleRAB	6/25/2026	Thursday	9:30 - 11:30 am
TeleRAB	6/25/2026	Thursday	9:30 - 11:30 am