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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning

07/01/2009, and ending

06/30, 2010

<b>B</b> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE COMPUTING RESEARCH ASSOCIATION, INC Doing Business As Number and street (or P O box if mail is not delivered to street address) 1828 L STREET, NW Room/suite 800 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036-4632			<b>D</b> Employer identification number 52-1622336	
				<b>E</b> Telephone number (202) 234-2111	
				<b>F</b> Name and address of principal officer ANDREW BERNAT 1828 L STREET, NW, SUITE 800 WASHINGTON, DC 20036-4632	<b>G</b> Gross receipts \$ 10,414,942.
				<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
				<b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) ► (insert no) 4947(a)(1) or 527				<b>H(c)</b> Group exemption number ►	
<b>J</b> Website ► WWW.CRA.ORG					
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				<b>L</b> Year of formation 1990 <b>M</b> State of legal domicile DC	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
 TO STRENGTHEN RESEARCH AND ADVANCED EDUCATION IN COMPUTING AND ALLIED FIELDS.

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	32
3 Number of voting members of the governing body (Part VI, line 1a)	4	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	10
5 Total number of employees (Part V, line 2a)	6	0
6 Total number of volunteers (estimate if necessary)	7a	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7b	
b Net unrelated business taxable income from Form 990-T, line 34		

<b>SCANNED JUN 13 2011</b> <b>Revenue Expenses</b> <b>Net Assets or Fund Balances</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,732,476.	10,111,111.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	360,114.	250,666.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,424.	20,486.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,013.	32,679.
		4,163,027.	10,414,942.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,309,674.	7,263,281.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,084,872.	1,185,454.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ►	1,563,499.	1,167,183.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,958,045.	9,615,918.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	204,982.	799,024.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,522,254.	6,775,269.
	22 Net assets or fund balances Subtract line 21 from line 20.	735,797.	4,188,047.
		1,786,457.	2,587,222.

## Part II Signature Block

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

<b>Sign Here</b>	► Signature of officer	Date 11/14/11	
	► Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ► 	Date 5/9/11	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CBIZ MHM, LLC		EIN ► 34-1862269	
			Phone no ► 301-951-3636	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

Form 990 (2009)

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### Part III Statement of Program Service Accomplishments

### 1 Briefly describe the organization's mission

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 6,525,529 including grants of \$ 5,964,369 ) (Revenue \$ 6,525,529 )  
CIFELLOWS - THE CIFELLOWS PROJECT IS AN OPPORTUNITY FOR RECENT  
PH.D. GRADUATES IN COMPUTER SCIENCE AND CLOSELY RELATED FIELDS TO  
OBTAIN ONE- TO TWO-YEAR POSTDOCTORAL POSITIONS AT UNIVERSITIES,  
INDUSTRIAL RESEARCH LABORATORIES, AND OTHER ORGANIZATIONS THAT  
ADVANCE THE FIELD OF COMPUTING AND ITS POSITIVE IMPACT ON SOCIETY.  
THE GOALS OF THE CIFELLOWS PROJECT ARE TO RETAIN NEW PH.D.S IN  
RESEARCH AND TEACHING AND TO SUPPORT INTELLECTUAL RENEWAL AND  
DIVERSITY IN THE COMPUTING FIELDS AT U.S. ORGANIZATIONS.

4b (Code \_\_\_\_\_) (Expenses \$ 1,081,378 including grants of \$ \_\_\_\_\_) (Revenue \$ 1,081,378 )  
CCC - UNDER A THREE-YEAR, \$6 MILLION AGREEMENT WITH THE NSF, CRA  
IS CREATING THE COMPUTING COMMUNITY CONSORTIUM (CCC) TO IDENTIFY  
MAJOR RESEARCH OPPORTUNITIES AND ESTABLISH "GRAND CHALLENGES" FOR  
THE FIELD. THE CCC WILL CREATE VENUES FOR COMMUNITY PARTICIPATION  
FOR DEVELOPING VISIONS AND CREATING NEW RESEARCH ACTIVITIES.

4c (Code \_\_\_\_\_) (Expenses \$ 725,103 including grants of \$ \_\_\_\_\_) (Revenue \$ 725,103)  
ATTACHMENT 4

**4d Other program services (Describe in Schedule O)** ATTACHMENT 5  
(Expenses \$ 271,884 including grants of \$ ) (Revenue \$ 122,497 )

**4e Total program service expenses ► 8,603,894.**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4 X	
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12 X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20 X	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25 . . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

Form 990 (2009)

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	<b>1a</b>	136	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. . . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	10	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X	
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X	
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	X	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	X	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a 32	
b	Enter the number of voting members that are independent . . . . .	1b 32	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6	Does the organization have members or stockholders? . . . . .	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9a	X

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

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

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►-----
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ANDREW BERNAT 1828 L STREET, NW, SUITE 800 WASHINGTON, DC 20036-4632 202-234-2111

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee".
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
ERIC GRIMSON									
CHAIR	1.00	X					0.	0	0.
LAURA M. HAAS									
VICE CHAIR	1.00	X					0.	0	0.
PHILIP BERNSTEIN									
TREASURER	1.00	X					0.	0	0.
SARITA ADVE									
BOARD MEMBER	1.00	X					0.	0	0.
ANNIE I. ANTON									
BOARD MEMBER	1.00	X					0.	0	0.
WILLIAM ASPRAY									
BOARD MEMBER	1.00	X					0.	0	0.
ANDREW A. CHIEN									
BOARD MEMBER	1.00	X					0.	0	0.
RICHARD A. DEMILLO									
BOARD MEMBER	1.00	X					0.	0	0.
MARY FERNANDEZ									
BOARD MEMBER	1.00	X					0.	0	0.
KATHLEEN FISHER									
BOARD MEMBER	1.00	X					0.	0	0.
MARY JEAN HARROLD									
BOARD MEMBER	1.00	X					0.	0	0.
H.V. JAGADISH									
BOARD MEMBER	1.00	X					0.	0	0.
NORMAN JOUPPI									
BOARD MEMBER	1.00	X					0.	0	0.
RANGACHAR KASTURI									
BOARD MEMBER	1.00	X					0.	0	0.
JAMES KUROSE									
BOARD MEMBER	1.00	X					0.	0	0.
MARGARET MARTONOSI									
BOARD MEMBER	1.00	X					0.	0	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
J. STROTHER MOORE									
BOARD MEMBER	1.00	X					0.	0.	0.
DAVID NOTKIN									
BOARD MEMBER	1.00	X					0.	0.	0.
MARTHA E. POLLACK									
BOARD MEMBER	1.00	X					0.	0.	0.
FRED B. SCHNEIDER									
BOARD MEMBER	1.00	X					0.	0.	0.
ROBERT S. SCHREIBER									
BOARD MEMBER	1.00	X					0.	0.	0.
VALERIE TAYLOR									
BOARD MEMBER	1.00	X					0.	0.	0.
JONATHAN TURNER									
BOARD MEMBER	1.00	X					0.	0.	0.
RICHARD C. WATERS									
BOARD MEMBER	1.00	X					0.	0.	0.
RONALD BRACHMAN									
BOARD MEMBER	1.00	X					0.	0.	0.
CARLA BROADLEY									
BOARD MEMBER	1.00	X					0.	0.	0.
ALVA COUCH									
BOARD MEMBER	1.00	X					0.	0.	0.
EDWARD A. FOX									
BOARD MEMBER	1.00	X					0.	0.	0.
RAN LIBESKIND-HADAS									
BOARD MEMBER	1.00	X					0.	0.	0.

**1b Total . CONTINUED AT SCHEDULE J-2 . . . . . ► 418,977 . . . . . 0 . . . . . 110,309.**

**2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 3**

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

## Section B. Independent Contractors

**1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization**

(A) Name and business address	(B) Description of services	(C) Compensation
BDO USA LLP 7101 WISCONSIN AVENUE BETHESDA, MD 20814	ACCOUNTING	170,613.

**2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1**

## Part VIII Statement of Revenue

52-1622336

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . . . 1b Membership dues . . . . . 1c Fundraising events . . . . . 1d Related organizations . . . . . 1e Government grants (contributions) . . . 1f All other contributions, gifts, grants, and similar amounts not included above . . . 1g Noncash contributions included in lines 1a-1f \$ . . . . . 1h Total. Add lines 1a-1f . . . . . ►	1a 1b 1c 1d 1e 1f 1g 1h	1,060,501 8,711,115 339,495 10,111,111		
Program Service Revenue	2a CONFERENCE REGISTRATION 2b CR NEWS/COMMUNICATIONS 2c 2d 2e 2f All other program service revenue . . . . . 2g Total. Add lines 2a-2f . . . . . ►	Business Code 611430 511190	57,157 193,509	57,157 193,509	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 6 ► 4 Income from investment of tax-exempt bond proceeds . . . . . ► 5 Royalties . . . . . 6a Gross Rents . . . . . 6b Less rental expenses . . . . . 6c Rental income or (loss) . . . . . 6d Net rental income or (loss) . . . . . ► 7a Gross amount from sales of assets other than inventory 7b Less cost or other basis and sales expenses . . . . . 7c Gain or (loss) . . . . . 7d Net gain or (loss) . . . . . ► 8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . . a 8b Less direct expenses . . . . . b 8c Net income or (loss) from fundraising events . . . . . ► 9a Gross income from gaming activities See Part IV, line 19 . . . . . a 9b Less direct expenses . . . . . b 9c Net income or (loss) from gaming activities . . . . . ► 10a Gross sales of inventory, less returns and allowances . . . . . a 10b Less cost of goods sold . . . . . b 10c Net income or (loss) from sales of inventory . . . . . ► 11a MISCELLANEOUS INCOME 11b 11c 11d All other revenue . . . . . 11e Total. Add lines 11a-11d . . . . . ► 12 Total Revenue. See instructions . . . . . ►	(i) Real 32,519 (ii) Personal 32,519 (i) Securities 0 (ii) Other 0 Business Code 900099	20,486 0 0 32,519 0 0 0 160	20,486 0 0 0 0 0 0 160 250,826	20,486 0 0 0 0 0 0 0 20,486

Form 990 (2009)

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . . . .	5, 964, 369.	5, 964, 369.		
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	1, 298, 912.	1, 298, 912.		
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	529, 286.	374, 941.	154, 345.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	372, 223.	239, 222.	133, 001.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	77, 251.	52, 628.	24, 623.	
9 Other employee benefits . . . . .	142, 343.	89, 636.	52, 707.	
10 Payroll taxes . . . . .	64, 351.	43, 840.	20, 511.	
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	14, 120.	2, 921.	11, 199.	
c Accounting . . . . .	221, 979.	45, 926.	176, 053.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	92, 979.	55, 751.	37, 228.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	238, 860.		238, 860.	
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	346, 955.	318, 080.	28, 875.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	12, 119.		12, 119.	
23 Insurance . . . . .	4, 616.		4, 616.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a CONSULTANTS	102, 765.	21, 261.	81, 504.	
b PRINTING AND POSTAGE	86, 348.	76, 300.	10, 048.	
c AWARDS	16, 955.	14, 949.	2, 006.	
d TELEPHONE	16, 233.	3, 971.	12, 262.	
e MISCELLANEOUS	13, 254.	1, 187.	12, 067.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9, 615, 918.	8, 603, 894.	1, 012, 024.	
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	290,052.	1	1,504,288.
	2 Savings and temporary cash investments	756,200.	2	917,311.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	925,760.	4	3,274,868.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,379.	9	71,924.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	344,373.		
	b Less accumulated depreciation	37,963.	10c	306,410.
	11 Investments - publicly traded securities	525,570.	11	682,419.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0.	15	18,049.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,522,254.	16	6,775,269.
Liabilities	17 Accounts payable and accrued expenses	277,769.	17	3,349,285.
	18 Grants payable		18	
	19 Deferred revenue	453,496.	19	560,731.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	4,532.	25	278,031.
	26 Total liabilities. Add lines 17 through 25	735,797.	26	4,188,047.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,497,049.	27	2,234,195.
	28 Temporarily restricted net assets	289,408.	28	353,027.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,786,457.	33	2,587,222.
	34 Total liabilities and net assets/fund balances	2,522,254.	34	6,775,269.

Part XI **Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 2b Were the organization's financial statements audited by an independent accountant? . . . . .  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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**Name of the organization**

THE COMPUTING RESEARCH ASSOCIATION, INC.

**Employer identification number**

52-1622336

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	1,398,421	2,154,528	3,954,555	3,732,476	10,111,111	21,351,091
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	1,041,961	1,265,919	185,032	360,114	250,666	3,103,692
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	2,440,382	3,420,447	4,139,587	4,092,590	10,361,777	24,454,783
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						24,454,783

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	2,440,382	3,420,447	4,139,587	4,092,590	10,361,777	24,454,783
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	77,407	120,800	36,957	32,424	20,486	288,074
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	77,407	120,800	36,957	32,424	20,486	288,074
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1 . . . . .	5,090	12,527	30,932	38,013	32,679	119,241
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	2,522,879	3,553,774	4,207,476	4,163,027	10,414,942	24,862,098
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	98.36%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	97.65%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.16%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	1.85%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Schedule A (Form 990 or 990-EZ) 2009

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
RENTAL INCOME			30,302	32,099	32,519	94,920
MISCELLANEOUS INCOME	5,090	12,527	630.	5,914	160	24,321
<b>TOTAL</b>	<b><u>5,090</u></b>	<b><u>12,527</u></b>	<b><u>30,932</u></b>	<b><u>38,013</u></b>	<b><u>32,679</u></b>	<b><u>119,241</u></b>

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number

52-1622336

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

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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Schedule D (Form 990) 2009

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

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

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

Yes  No

(i) unrelated organizations . . . . .

3a(i)

(ii) related organizations . . . . .

3a(ii)

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

3b

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .	252,132	12,119		240,013
d Equipment . . . . .	92,241	25,844		66,397
e Other . . . . .				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ► 306,410.

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
</		

**Part VIII Investments - Program Related. See Form 990 Part X line 13**

**Part IX Other Assets. See Form 990, Part X, line 15**

**Total (Column (b) must equal Form 990, Part X, col (B) line 15)**

**Part X Other Liabilities. See Form 990, Part X, line 25**

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)** ► **278,031**

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	10,414,942.
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	9,615,918.
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3	799,024.
4	Net unrealized gains (losses) on investments . . . . .	4	1,741.
5	Donated services and use of facilities . . . . .	5	
6	Investment expenses . . . . .	6	
7	Prior period adjustments . . . . .	7	
8	Other (Describe in Part XIV) . . . . .	8	
9	Total adjustments (net) Add lines 4 through 8 . . . . .	9	1,741.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 . . . . .	10	800,765.

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	10,416,683.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,741.
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	1,741.
3	Subtract line 2e from line 1 . . . . .	3	10,414,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	10,414,942.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	9,615,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	9,615,918.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	9,615,918.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV Supplemental Information (continued)**

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Schedule D (Form 990) 2009

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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number  
52-1622336

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**Part II Other Assistance to Governments and Organizations in the United States** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1. ►

1.	(a) Name and address of organization or government	(b) EIN	(c) Amount of cash grant (e) Amount of non-cash assistance (d) If applicable	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(C) (3) 187,850			RESEARCH
	PRINCETON UNIVERSITY 53 NEW SOUTH BLDG, PO BOX 5292	21-0634501	501(C) (3) 75,824			RESEARCH
	UNIVERSITY OF COLORADO DEPT 220 DENVER, CO 80291	84-6000555	501(C) (3) 46,395			RESEARCH
	UNIVERSITY OF WASHINGTON 12455 COLLECTION DRIVE, SUITE 10002	91-2001557	501(C) (3) 31,561			RESEARCH
	UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTEVILLE, VA 22904	54-0001796	501(C) (3) 47,835			RESEARCH
	UNIVERSITY OF MASSACHUSETTS 405 GOODELL BLDG AMHERST, MA 01003	04-3167157	501(C) (3) 163,297			RESEARCH
	UNIVERSITY OF CALIFORNIA 2400 HEARN AVE, RM 130 BERKELEY, CA 94120	94-6002123	501(C) (3) 113,330			RESEARCH
	SRI INTERNATIONAL PO BOX 2787 MENLO PARK, CA 94026	94-1160950	501(C) (3) 34,359			RESEARCH
	BOSTON UNIVERSITY 25 BUIK STREET BOSTON, MA 02215	04-2103547	501(C) (3) 90,993			RESEARCH
	BROAD INSTITUTE 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C) (3) 84,948			RESEARCH
	BROWN UNIVERSITY PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501(C) (3) 99,329			RESEARCH
	CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213-3830	25-0969449	501(C) (3) 203,160			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

► Schedule I (Form 990) 2009

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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
**Use Part IV and Schedule I-1 (Form 990) if additional space is needed.**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS PROVIDED TO STUDENTS	187	581,423			

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)****Open to Public****Inspection**

OMB No. 1545-0047

**2009**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

<b>Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)</b>						Employer identification number	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY PO BOX 345307 CLEMSON, SC 29634	57-6000254	501(C)(3)	106,564				RESEARCH
COLUMBIA UNIVERSITY PO BOX 29 189 NEW YORK, NY 10033	15-5598093	501(C)(3)	144,730				RESEARCH
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501(C)(3)	138,708				RESEARCH
DREXEL UNIVERSITY 3201 ARCH STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	110,303				RESEARCH
DUKE UNIVERSITY 2200 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501(C)(3)	84,907				RESEARCH
HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	228,122				RESEARCH
HEWLETT-PACKARD CO PO BOX 60000 SAN FRANCISCO, CA 94160	94-1081436	501(C)(3)	105,000				RESEARCH
IBM CONTROLLERS OFFICE 15-151B	13-0811985		63,471				RESEARCH
INTEL CORPORATION 2111 NE 25TH AVE HILLSBORO, OR 97124			67,500				RESEARCH
INTUITIVE SURGICAL OPERATIONS 1266 KIFER RD SUNNYVALE, CA 94086	77-1416458		82,224				RESEARCH
JOHNS HOPKINS 1101 E 33RD STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	202,680				RESEARCH
MA INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	67,642				RESEARCH
MAYO CLINIC ROCHESTER 200 FIRST STREET, NW ROCHESTER, MN 55905	41-6011702	501(C)(3)	58,808				RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	111,830				RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	224,748				RESEARCH

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**Department of the Treasury  
Internal Revenue Service► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.Name of the organization  
THE COMPUTING RESEARCH ASSOCIATION, INC.**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**Name of the organization  
or government

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALO ALTO RESEARCH CENTER 3333 COYOTE HILL RD PALO ALTO, CA 94304	06-1566182	501(C)(3)	116,667				RESEARCH
POLYTECHNIC INSTITUTE OF NY SIX METROTECH CTR - JB454	11-1630820	501(C)(3)	98,438				RESEARCH
RUTGERS 3. RUTGERS PLAZA, ASB III	22-6001086	501(C)(3)	96,257				RESEARCH
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	286,285				RESEARCH
STATE UNIVERSITY OF NY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	108,140				RESEARCH
STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON HOBOKEN, NJ 07030	22-1487354	501(C)(3)	85,201				RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	501(C)(3)	100,258				RESEARCH
UNIVERSITY OF CA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	92,898				RESEARCH
UNIVERSITY OF ILLINOIS PO BOX 4610 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	138,613				RESEARCH
UNIVERSITY OF IOWA BS JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	74,175				RESEARCH
UNIVERSITY OF MD RM 4101. CHESAPEAKE BLDG	52-6002033	501(C)(3)	183,917				RESEARCH
UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	80,998				RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384	56-6001393	501(C)(3)	202,471				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	78,012				RESEARCH
UNIVERSITY OF PITTSBURGH 3109 CATHEDRAL OF LEARNING	25-0965591	501(C)(3)	116,975				RESEARCH

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Schedule I-1 (Form 990) 2009





**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number

52-1622336

**Part I Questions Regarding Compensation**

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

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

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

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

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

a The organization? . . . . .  
b Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III

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

a The organization? . . . . .  
b Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest

**Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

Note: The sum of columns (B) (i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VI, line 1a.

### **Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

► See the Instructions for Form 990.

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**Name of the Organization**

THE COMPUTING RESEARCH ASSOCIATION, INC.

**Employer identification number**

52-1622336

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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**Schedule J-2 (Form 990) 2009**

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number

52-1622336

ATTACHMENT 2

### PROCESS FOR REVIEW OF FORM 990

#### PART VI, SECTION A, LINE 11A

THE 990 IS PREPARED WITH THE INFORMATION FROM THE AUDITED FINANCIAL STATEMENTS AND OTHER INFORMATION PROVIDED BY THE CLIENT. THE OUTSOURCED ACCOUNTING FIRM REVIEWS THE 990, THE EXECUTIVE DIRECTOR REVIEWS THE 990, AND THEN THE DRAFT IS PRESENTED TO THE FINANCE COMMITTEE FOR ITS REVIEW AND APPROVAL.

### PROCESS FOR MONITORING CONFLICT OF INTEREST POLICY

#### PART VI, SECTION B, LINE 12C

EACH BOARD MEMBER IS REQUIRED TO SIGN A STATEMENT ANNUALLY STATING THAT HE OR SHE HAS NO CONFLICTS.

### PROCESS FOR APPROVAL OF COMPENSATION

#### PART VI, SECTION B, LINE 15

THE EXECUTIVE COMMITTEE DECIDES ON THE COMPENSATION OF THE EXECUTIVE DIRECTOR BASED ON HIS CONTRACT AND ANNUAL EVALUATIONS OF HIS PERFORMANCE. COMPENSATION LEVEL IS BASED ON THE CRITERIA FOR THE JOB, THE SIZE OF THE ORGANIZATION AND MARKET CONDITIONS IN THE WASHINGTON, DC AREA.

### POLICY REGARDING PUBLIC INSPECTION

#### PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number

52-1622336

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE COMPUTING RESEARCH ASSOCIATION (CRA) SEEKS TO STRENGTHEN RESEARCH AND ADVANCED EDUCATION IN COMPUTING AND ALLIED FIELDS. IT DOES THIS BY WORKING TO INFLUENCE POLICY THAT IMPACTS COMPUTING RESEARCH, ENCOURAGING THE DEVELOPMENT OF HUMAN RESOURCES, CONTRIBUTING TO THE COHESIVENESS OF THE PROFESSIONAL COMMUNITY AND COLLECTING AND DISSEMINATING INFORMATION ABOUT THE IMPORTANCE AND THE STATE OF COMPUTING RESEARCH. EACH PLAYS AN IMPORTANT ROLE IN ACHIEVING THE ORGANIZATIONAL OBJECTIVES.

ATTACHMENT 44C PROGRAM SERVICE

BROADENING PARTICIPATION COMPUTING (PIPELINE) - THE STARS ALLIANCE, A CONSORTIUM OF REGIONAL PARTNERSHIPS AMONG 20 COLLEGES AND UNIVERSITIES AND MORE THAN 80 REGIONAL PARTNERS IN ACADEMIA, EDUCATION, BUSINESS AND COMMUNITY ORGANIZATIONS, WITH A MISSION TO BROADEN PARTICIPATION IN COMPUTING. THE FLAGSHIP INITIATIVE OF THE ALLIANCE IS THE STARS LEADERSHIP CORPS (SLC), A MULTI-YEAR CURRICULAR OR COCURRICULAR EXPERIENCE FOR COMPUTING STUDENTS BASED ON THE STARS CORE VALUES OF CIVIC ENGAGEMENT AND SERVICE, LEADERSHIP, TECHNICAL EXCELLENCE, AND COMMUNITY. THE SLC ENGAGES STUDENTS IN RESEARCH, SERVICE AND OUTREACH PROJECTS THROUGH WHICH THEY RECRUIT, DEVELOP, AND BECOME THE NEXT GENERATION OF COMPUTING PROFESSIONALS.

ATTACHMENT 5

JSA

Schedule O (Form 990) 2009

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PAGE 35

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number

52-1622336

ATTACHMENT 5 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CAREER MENTORING WORKSHOPS		122,497.	122,497
OTHER PROGRAM SERVICES		149,387	
<b>TOTALS</b>		<b>271,884</b>	<b>122,497</b>

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV	(D) EXCLUDED REVENUE
INTEREST AND DIVIDEND INCOME	20,486			20,486
<b>TOTALS</b>	<b>20,486</b>			<b>20,486</b>

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	71,924.
<b>TOTALS</b>	<b>71,924.</b>

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
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Name of the organization

THE COMPUTING RESEARCH ASSOCIATION, INC.

Employer identification number

52-1622336

ATTACHMENT 8 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENTS	682,419.	FMV
TOTALS	<u>682,419.</u>	

FORM 990, PART X - DEFERRED REVENUE

ATTACHMENT 9

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED MEMBER DUES	370,163.
DEFERRED REVENUE	190,568.
TOTALS	<u>560,731.</u>

Depreciation and Amortization  
(Including Information on Listed Property)

2009

Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment  
Sequence No 67

Name(s) shown on return

THE COMPUTING RESEARCH ASSOCIATION, INC.

Identifying number

Business or activity to which this form relates

## GENERAL DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
<b>6 (a) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
<b>7 Listed property Enter the amount from line 29</b> . . . . .	<b>7</b>	
<b>8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7</b> . . . . .	<b>8</b>	
<b>9 Tentative deduction Enter the smaller of line 5 or line 8</b> . . . . .	<b>9</b>	
<b>10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562</b> . . . . .	<b>10</b>	
<b>11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)</b> . . . . .	<b>11</b>	
<b>12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11</b> . . . . .	<b>12</b>	
<b>13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12</b> . . . . . ► <b>13</b>		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ► <input type="checkbox"/>		

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a 3-year property</b>						
<b>b 5-year property</b>						
<b>c 7-year property</b>						
<b>d 10-year property</b>						
<b>e 15-year property</b>						
<b>f 20-year property</b>						
<b>g 25-year property</b>			25 yrs		S/L	
<b>h Residential rental property</b>			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
<b>i Nonresidential real property</b>			39 yrs	MM	S/L	
				MM	S/L	

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

<b>20a Class life</b>					S/L	
<b>b 12-year</b>			12 yrs		S/L	
<b>c 40-year</b>			40 yrs	MM	S/L	

## Part IV Summary (See instructions)

<b>21 Listed property Enter amount from line 28</b> . . . . .	<b>21</b>	
<b>22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions</b> . . . . .	<b>22</b>	
<b>23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</b> . . . . .	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . . . . .						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . .						29		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No										
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .											Yes	No	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .													
39 Do you treat all use of vehicles by employees as personal use? . . . . .													
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .													
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . . .													
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles													

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year . . . . .					
44 Total. Add amounts in column (f) See the instructions for where to report . . . . .					
				43	
				44	

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only . . . . . ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE COMPUTING RESEARCH ASSOCIATION, INC.	Employer identification number 52-1622336
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 SEVENTEENTH STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0  1 

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► ANDREW BERNAT

Telephone No ► FAX No ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

►  calendar year 20 \_\_\_\_\_ or  
►  tax year beginning 07/01, 2009, and ending 06/30, 2010

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.  X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b> File by the extended due date for filing your return. See instructions	Name of exempt organization  THE COMPUTING RESEARCH ASSOCIATION, INC.	Employer identification number  52-1622336
	Number, street, and room or suite no. If a P O box, see instructions.  1100 SEVENTEENTH STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address see instructions  WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► ANDREW BERNAT  
Telephone No ► 202 234-2111 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  ►  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15, 2011

5 For calendar year  , or other tax year beginning 07/01, 2009 , and ending 06/30, 2010

6 If the tax year entered in line 5 is for less than 12 months check reason  Initial return  Final return  
 Change in accounting period

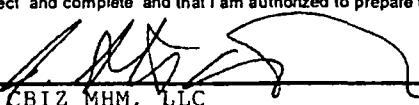
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form

Signature ►

 CBIZ MMH, LLC

3 BETHESDA METRO CENTER, SUITE 600  
BETHESDA, MD 20814

Title ► CPA

Date ► 2/13/11

Form 8868 (Rev. 1-2011)