



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

**2010**

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**THE COMPUTING RESEARCH ASSOCIATION**

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****F** Name and address of principal officer **ANDREW BERNAT****1828 L STREET, NW, SUITE 800, WASHINGTON, DC****D** Employer identification number**52-1622336****E** Telephone number**202-234-2111****G** Gross receipts \$**15,587,873.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CRA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1990** **M** State of legal domicile: **DC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO STRENGTHEN RESEARCH AND ADVANCED EDUCATION IN COMPUTING AND ALLIED FIELDS.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>32</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>32</b>	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>11</b>	
	6	Total number of volunteers (estimate if necessary)	<b>0</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
Revenue	8	Contributions and grants (Part VIII, line 1b)	<b>10,111,111.</b>	<b>15,117,489.</b>
	9	Program service revenue (Part VIII, line 2a)	<b>250,666.</b>	<b>382,736.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>20,486.</b>	<b>23,538.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>32,679.</b>	<b>64,110.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,414,942.</b>	<b>15,587,873.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-9)	<b>7,263,281.</b>	<b>11,222,389.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 14)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,185,454.</b>	<b>1,362,668.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0.</b>	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,167,183.</b>	<b>2,213,455.</b>
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,615,918.</b>	<b>14,798,512.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>799,024.</b>	<b>789,361.</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>6,775,269.</b>	<b>10,609,705.</b>
	21	Total liabilities (Part X, line 26)	<b>4,188,047.</b>	<b>7,234,660.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>2,587,222.</b>	<b>3,375,045.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>ANDREW BERNAT</b>	<b>25 APR 12</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>J. SCOTT DENLINGER</b>	<b>J. Scott Denlinger</b>	<b>4/24/12</b>		
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶			
	Firm's address ▶ <b>3 BETHESDA METRO CENTER, SUITE 600 BETHESDA, MD 20814</b>	Phone no. <b>301-951-3636</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the 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

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 \$ 11392124. including grants of \$ 10454945. ) (Revenue \$ 11392124. )

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 \$ 1,065,414. including grants of \$ 252,793. ) (Revenue \$ 1,065,414. )

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 \$ 1,086,256. including grants of \$ ) (Revenue \$ 1,086,256. )

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.

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

(Expenses \$ 205,910. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 13,749,704.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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		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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**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	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	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	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 line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <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		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		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		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		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country. <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

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

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No" go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**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.  
☐ Own website ☐ Another's website ☒ 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 - 202-234-2111**  
**1828 L STREET, NW, SUITE 800, WASHINGTON, DC 20036-4632**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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.
J. STROTHER MOORE 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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 BRODLEY BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								195,686.	0.	37,957.
<b>d Total (add lines 1b and 1c)</b>								195,686.	0.	37,957.

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		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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	192,095.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

**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 employee	Former			
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.
M. TAMER OZSU BOARD MEMBER	1.00	X						0.	0.	0.
JANE PREY BOARD MEMBER	1.00	X						0.	0.	0.
SEBASTIAN THRUN BOARD MEMBER	1.00	X						0.	0.	0.
ANDREW C. BERNAT EXECUTIVE DIRECTOR	40.00			X	X			195,686.	0.	37,957.
Total to Part VII, Section A, line 1c								195,686.		37,957.

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b	1081353.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,669,039.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	367,097.				
	g Noncash contributions included in lines 1a-1f \$						
	h <b>Total.</b> Add lines 1a-1f			15,117,489.			
<b>Program Service Revenue</b>	2 a <u>CR NEWS/COMMUNICATIONS</u>	Business Code	511190	225,866.	225,866.		
	b <u>CONFERENCE REGISTRATIO</u>		611430	156,870.	156,870.		
	c						
	d						
	e						
	f All other program service revenue						
	g <b>Total.</b> Add lines 2a-2f			382,736.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			23,538.			23,538.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)			46,918.			
	d Net rental income or (loss)			46,918.			46,918.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a <u>MISCELLANEOUS INCOME</u>		900099	17,192.	17,192.			
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			17,192.				
12 <b>Total revenue.</b> See instructions.			15,587,873.	399,928.	0.	70,456.	

**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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,707,738.	10,707,738.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	514,651.	514,651.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	197,186.	39,437.	157,749.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	829,071.	659,569.	169,502.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	88,421.	55,989.	32,432.	
9 Other employee benefits	174,461.	110,469.	63,992.	
10 Payroll taxes	73,529.	46,559.	26,970.	
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	220,770.	111,953.	108,817.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	102,969.	63,557.	39,412.	
14 Information technology				
15 Royalties				
16 Occupancy	222,176.		222,176.	
17 Travel	864,300.	864,300.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	367,983.	342,683.	25,300.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,383.		37,383.	
23 Insurance	5,193.		5,193.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>CONSULTANTS</u>	264,474.	134,116.	130,358.	
b <u>PRINTING AND POSTAGE</u>	88,081.	75,345.	12,736.	
c <u>AWARDS</u>	21,052.	20,727.	325.	
d <u>TELEPHONE</u>	15,909.	2,611.	13,298.	
e <u>MISCELLANEOUS</u>	3,165.	0.	3,165.	
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	14,798,512.	13,749,704.	1,048,808.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
<b>Assets</b>	1 Cash - non-interest-bearing	1,504,288.	1	712,316.
	2 Savings and temporary cash investments	682,419.	2	663,090.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,274,868.	4	7,035,780.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	71,924.	9	37,805.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 353,351.		
	b Less: accumulated depreciation	10b 75,347.	10c	278,004.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	917,311.	12	1,864,661.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,049.	15	18,049.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,775,269.	16	10,609,705.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	3,349,285.	17	6,665,761.
	18 Grants payable		18	
	19 Deferred revenue	560,731.	19	289,882.
	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	278,031.	25	279,017.
	26 <b>Total liabilities.</b> Add lines 17 through 25	4,188,047.	26	7,234,660.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		2,234,195.	27	3,061,459.
28 Temporarily restricted net assets		353,027.	28	313,586.
29 Permanently restricted net assets			29	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
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 <b>Total net assets or fund balances</b>		2,587,222.	33	3,375,045.
34 <b>Total liabilities and net assets/fund balances</b>		6,775,269.	34	10,609,705.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,587,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,798,512.
3	Revenue less expenses Subtract line 2 from line 1	3	789,361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,587,222.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,538.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,375,045.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☐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?

b 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 separate basis, consolidated 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 (2010)

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.

OMB No. 1545-0047

2010

**Open to Public  
Inspection**

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION

Employer identification number

52-1622336

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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.)

- 1 ☐ A church, convention, association, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> 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						
<b>12</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>		%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>		%
<b>16a 33 1/3% support test - 2010.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 33 1/3% support test - 2009.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2010.</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 <b>stop here.</b> 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 - 2009.</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 <b>stop here.</b> 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"/>			

Schedule A (Form 990 or 990-EZ) 2010



**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,154,528.	3,954,555.	3,732,476.	10,111,111.	15,117,489.	35,070,159.
<b>2</b> 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	1,265,919.	185,032.	360,114.	250,666.	382,736.	2,444,467.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,420,447.	4,139,587.	4,092,590.	10,361,777.	15,500,225.	37,514,626.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						37,514,626.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	3,420,447.	4,139,587.	4,092,590.	10,361,777.	15,500,225.	37,514,626.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	120,800.	36,957.	32,424.	20,486.	23,538.	234,205.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	120,800.	36,957.	32,424.	20,486.	23,538.	234,205.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12,527.	30,932.	38,013.	32,679.	64,110.	178,261.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,553,774.	4,207,476.	4,163,027.	10,414,942.	15,587,873.	37,927,092.
<b>14 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.91 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	98.36 %

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.62 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.16 %

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE COMPUTING RESEARCH ASSOCIATION**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education)	<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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) relating to these items:

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

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

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

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

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ 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.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 the 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI 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		257,916.	37,376.	220,540.
d Equipment		95,435.	37,971.	57,464.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				278,004.

Schedule D (Form 990) 2010

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) <b>INVESTMENTS</b>	<b>1,864,661.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>1,864,661.</b>	

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>DEFERRED RENT</b>	<b>279,017.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>279,017.</b>

2. FIN 48 (ASC 740) 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 (ASC 740)



**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

**2010**

Open to Public  
Inspection

Name of the organization

**THE COMPUTING RESEARCH ASSOCIATION**

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(C)(3)	218,374.	0.			RESEARCH
PRINCETON UNIVERSITY 53 NEW SOUTH BLDG, PO BOX 5 PRINCETON, NJ 08544	21-0634501	501(C)(3)	83,371.	0.			RESEARCH
UNIVERSITY OF COLORADO DEPT 220 DENVER, CO 80291	84-6000555	501(C)(3)	147,160.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 12455 COLLECTION DRIVE CHICAGO, IL 60693	91-6001537	501(C)(3)	559,885.	0.			RESEARCH
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	63,033.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS 405 GOODELL BLDG 140 HICKS AMHERST, MA 01003	04-3167352	501(C)(3)	283,439.	0.			RESEARCH
2 Enter total number of section 501(c)(3) and government organizations							55.
3 Enter total number of other organizations							7.

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

Schedule I (Form 990) (2010)

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

(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
UNIVERSITY OF CALIFORNIA 2195 HEARST AVE, RM 130 BERKELEY, CA 94720	94-6002123	501(C)(3)	548,488.	0.			RESEARCH
SRI INTERNATIONAL PO BOX 2787 MENLO PARK, CA 94026	94-1160950		67,739.	0.			RESEARCH
BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(C)(3)	149,599.	0.			RESEARCH
BROAD INSTITUTE 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	78,615.	0.			RESEARCH
BROWN UNIVERSITY PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	66,130.	0.			RESEARCH
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	413,355.	0.			RESEARCH
CLEMSON UNIVERSITY PO BOX 345307 CLEMSON, SC 29634	57-6000254	501(C)(3)	133,834.	0.			RESEARCH
COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	378,689.	0.			RESEARCH
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501(C)(3)	179,955.	0.			RESEARCH
LHA							

Schedule I (Form 990)

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

(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
DREXEL UNIVERSITY 3201 ARCH ST, STE 100 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	122,884.	0.			RESEARCH
DUKE UNIVERSITY 2200 WEST MAIN ST, DURHAM, NC 27705	56-0532129	501(C)(3)	114,198.	0.			RESEARCH
HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	234,636.	0.			RESEARCH
HEWLETT-PACKARD CO PO BOX 60000 SAN FRANCISCO, CA 94160	94-1081436		175,000.	0.			RESEARCH
IBM CONTROLLERS OFFICE 15-151B YORKTOWN HEIGHTS, NY 10598			174,525.	0.			RESEARCH
INTEL CORPORATION 2111 NE 25TH AVE HILLSBORO, OR 97124			112,500.	0.			RESEARCH
INTUITIVE SURGICAL OPERATIONS 1266 KIFER RD SUNNYVALE, CA 94086			5,454.	0.			RESEARCH
JOHNS HOPKINS 1101 E 33RD STREET STE B219 BALTIMORE, MD 21218	52-0595110	501(C)(3)	244,708.	0.			RESEARCH
MA INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139 LHA	04-2103594	501(C)(3)	214,260.	0.			RESEARCH

Schedule I (Form 990)



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

(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
MAYO CLINIC ROCHESTER 200 FIRST STREET, NW ROCHESTER, NY 55905	41-6011702	501(C)(3)	107,483.	0.			RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	130,207.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET RM G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	47,848.	0.			RESEARCH
PALO ALTO RESEARCH CENTER 3333 COYOTE HILL RD PALO ALTO, CA 94304	06-1566182	501(C)(3)	181,648.	0.			RESEARCH
POLYTECHNIC INSTITUTE OF NY SIX METROTECH CTR - JB454 BROOKLYN, NY 11201	11-1630820	501(C)(3)	126,235.	0.			RESEARCH
RUTGERS 3 RUTGERS PLAZA, ASB III NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	131,393.	0.			RESEARCH
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94114	94-1156365	501(C)(3)	278,563.	0.			RESEARCH
CA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	106,924.	0.			RESEARCH
CLAREMONT GRADUATE UNIVERSITY 150 E. 8TH STREET, STE A CLAREMONT, CA 91711	95-1664100	501(C)(3)	62,149.	0.			RESEARCH

LHA

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(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
		FRANKLIN W. OLIN COLLEGE OLIN WAY, MILAS HALL 312 NEEDHAM, MA 20827	06-1519057	501(C)(3)	112,208.	0.			RESEARCH
		MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG EAST LANSING, MI 48824	38-6005984	501(C)(3)	101,246.	0.			RESEARCH
		NEW YORK UNIVERSITY, SPONSORED PROGRAMS - 726 BROADWAY, 9TH FLOOR - NEW YORK, NY 10003	13-5562308	501(C)(3)	192,577.	0.			RESEARCH
		OHIO STATE UNIVERSITY RESEARCH FND 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	64,413.	0.			RESEARCH
		OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339	48-1278540	501(C)(3)	100,485.	0.			RESEARCH
		STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON HOBOKEN, NJ 07030	22-1487354	501(C)(3)	115,443.	0.			RESEARCH
		UNIVERSITY OF CA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	100,814.	0.			RESEARCH
		REGENTS OF THE UNIVERSITY OF MICHIGAN - 5000 WOLVERINE TOWER, 3003 S. STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	124,142.	0.			RESEARCH
		UNIVERSITY OF WISCONSIN DRAWER #538 MILWAUKEE, WI 53278	39-6006492	501(C)(3)	131,184.	0.			RESEARCH
		LHA							

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Schedule I (Form 990)
(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	
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	501(C)(3)	147,561.	0.			RESEARCH	
UNIVERSITY OF CA, SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	77,285.	0.			RESEARCH	
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)(3)	209,362.	0.			RESEARCH	
UNIVERSITY OF ILLINOIS PO BOX 4610 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	18,122.	0.			RESEARCH	
UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	60,429.	0.			RESEARCH	
UNIVERSITY OF KENTUCKY PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501(C)(3)	90,324.	0.			RESEARCH	
UNIVERSITY OF MARYLAND RM 4101, CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	393,543.	0.			RESEARCH	
REGENTS OF THE UNIVERSITY OF MINNESOTA - PO BOX 1450 - MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	138,487.	0.			RESEARCH	
UNIVERSITY OF N. CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)(3)	43,981.	0.			RESEARCH	
LHA								

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

(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
THE RESEARCH FNDN OF THE UNIVERSITY OF NY - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	219,662.	0.			RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	218,436.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 3109 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	7,285.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE STREET, STE 200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,024.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CA 3500 S. FIGUEROA ST, STE 102 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	130,553.	0.			RESEARCH
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	501(C)(3)	175,788.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIR RM 406 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	141,812.	0.			RESEARCH
VA POLYTECHNIC INSTITUTE 1880 PRATT DRIVE, STE 2006 BLACKSBURG, VA 24060			98,339.	0.			RESEARCH
YAHOO, INC 701 FIRST AVE SUNNYVALE, CA 94089	77-0398689		33,264.	0.			RESEARCH
LHA							

Schedule I (Form 990)



(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	243	514,651.	0.		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REQUIRES REGULAR UPDATES FROM GRANTEES REGARDING THE USE OF GRANT FUNDS.

**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

**2010**

Open to Public Inspection

Name of the organization

**THE COMPUTING RESEARCH ASSOCIATION**

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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 checked="" 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 checked="" 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 from the organization or a related organization?
- 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 Regulations 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)?

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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 VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 <b>ANDREW C. BERNAT</b>	(i) 195,686.	0.	0.	19,439.	18,518.	233,643.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE COMPUTING RESEARCH ASSOCIATION**

Employer identification number

**52-1622336**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**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.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**CAREER MENTORING WORKSHOPS**

**EXPENSES \$ 106,487. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**OTHER PROGRAM SERVICES**

**EXPENSES \$ 99,423. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION B, LINE 11: 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.**

**FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO  
SIGN A STATEMENT ANNUALLY STATING THAT HE OR SHE HAS NO CONFLICTS.**

**FORM 990, 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**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE COMPUTING RESEARCH ASSOCIATION

Employer identification number

52-1622336

ORGANIZATION AND MARKET CONDITIONS IN THE WASHINGTON, DC AREA.

FORM 990, 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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,538.