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DLN: 93493192005202

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

- The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011 D Employer identification number B Check if applicable CFA INSTITUTE Address change Doing Business As E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (434)951-5499 Terminated G Gross receipts \$ 258,693,784 City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 229022083 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes JOHN ROGERS 560 RAY C HUNT DR **H(b)** Are all affiliates included? CHARLOTTESVILLE, VA 229032981 If "No," attach a list (see instructions) H(c) Group exemption number ▶ 「 501(c)(3) **▽** 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► www.cfainstitute.org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ M State of legal domicile VA L Year of formation 1986 Summary Part I Briefly describe the organization's mission or most significant activities TO LEAD THE INVESTMENT PROFESSION GLOBALLY BY PROMOTING THE HIGHEST STANDARDS OF ETHICS, EDUCATION, AND PROFESSIONAL EXCELLENCE FOR THE ULTIMATE BENEFIT OF SOCIETY Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 18 17 Number of independent voting members of the governing body (Part VI, line 1b) . 5 912 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . 6 2,000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 849,878 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 89,289 **Prior Year Current Year** 0 0 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) . . . 192,801,794 210,559,230 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,407,530 8,832,364 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 229,166 818,888 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 200,438,490 220,210,482 3,984,639 5,290,265 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 49,929,796 62,574,607 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . 0 16a b Total fundraising expenses (Part IX, column (D), line 25) -133,408,425 142,479,856 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 210,344,728 18 187,322,860 19 Revenue less expenses Subtract line 18 from line 12 13,115,630 9,865,754 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 256,598,053 291,556,743 149,625,989 21 Total liabilities (Part X, line 26) . 134,599,510 Net assets or fund balances Subtract line 21 from line 20 121,998,543 141,930,754 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 2012-07-09 Signature of officer Sign Here JOHN D ROGERS CFA PRESIDENT & CEO Type or print name and title Check if self Print/Type Preparer's signature PTIN employed 🕨

WASHINGTON, DC 200053333

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Firm's name 🕨 PRICEWATERHOUSECOOPERS LLP

Firm's address 🕨 1301 K STREET NW STE 800W

Paid

Preparer

Use Only

Phone no 🕨 (202) 414-

ΓNο

Firm's EIN

✓ Yes

	330 (2010)				i age z
Par		t of Program Service edule O contains a respons	Accomplishments se to any question in this Pa	rt III	· · · · · · · · · · · · ·
1	Briefly describe the	e organization's mission			
ANA PROETHI MISS STAI INST COU	LYST (CFA) AND CE GRAMS WORLDWID CS-BASED PROFES SION OF THE ORGA NDARDS OF ETHICS TTUTE PURSUES TH NTRIES THIS MEM MUNITIES THROUG	RTIFICATE IN INVESTME, PUBLISHES RESEARCHESIONAL AND PERFORMANIZATION IS TO LEAD TO SEAD PROHIS MISSION ON BEHALF BERSHIP INCLUDES 95,85 HANETWORK OF 135 M	ENT PERFORMANCE MEAS I, CONDUCTS PROFESSIO ANCE-REPORTING STANDA HE INVESTMENT PROFESS FESSIONAL EXCELLENCE F OF ITS MEMBERS WHO C 800 CFA CHARTERHOLDER	ION THAT ADMINISTERS THE GUREMENT (CIPM) CURRICULU NAL DEVELOPMENT PROGRAM ARDS FOR THE INVESTMENT PSION GLOBALLY BY PROMOTIFOR THE ULTIMATE BENEFIT URRENTLY NUMBER 107,600 AS CFA INSTITUTE COUNTRIES CFA INSTITUTE ON,	M AND EXAMINATION AS, AND SETS VOLUNTARY PROFESSION THE STATED NG THE HIGHEST OF SOCIETY CFA AND WHO RESIDE IN 135 ITS REACH INTO LOCAL
2	the prior Form 990	or990-EZ?		e year which were not listed on	┌ Yes ┌ No
	•	nese new services on Sche			
3	services?		e significant changes in how	it conducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Schedule	0		
4	Section 501(c)(3) a	and 501(c)(4) organization		three largest program services busts are required to report the an gram service reported	
4a	(Code) (Expenses \$	including grants of s	\$) (Revenue \$)
	EDUCATION AND EXAM AS THE BODY OF KNOW	IINATION PROGRAM COVERING T WLEDGE AND INCLUDE ETHICAL /	TOPICS ESSENTIAL TO THE INVESTM AND PROFESSIONAL STANDARDS, (THE WORLD-RENOWNED CFA PROGRA MENT DECISION-MAKING PROCESS THI QUANTITATIVE METHODS, ECONOMICS, IVE INVESTMENTS, DERIVATIVES, AND P	ESE TOPICS FORM WHAT IS KNOWN FINANCIAL STATEMENT REPORTING
4b	(Code) (Expenses \$	including grants of s	\$) (Revenue \$	
טר	PROFESSIONAL DEVELO EDUCATIONAL CONTEN THROUGH PUBLICATIO	OPMENT THE ORGANIZATION BE NT TO MEMBER AND NONMEMBER	LIEVES STRONGLY IN LIFELONG LE R INVESTMENT PROFESSIONALS ON	ARNING AND THEREFORE SPONSORS AI N TOPICS RELEVANT TO THE PROFESSIO ERSON CONFERENCES, AND THROUGH	ON THIS CONTENT IS DELIVERED
	(0.1				,
4c	(Code) (Expenses \$	including grants of s	, , , , , ,)
	ISSUES OF FAIRNESS, PROFESSIONAL EXCELL	EFFICIENCY, AND INVESTOR PRO LENCE WITHIN THE INVESTMENT	OTECTION IN GLOBAL CAPITAL MAR COMMUNITY THE ORGANIZATION	DIVISION OF CFA INSTITUTE, THE ORG RKETS AND PROMOTES HIGH STANDARD I ALSO PROMOTES AND ENFORCES THE IIZATION AND CANDIDATES IN THE CFA	OS OF ETHICS, INTEGRITY, AND CFA INSTITUTE CODE OF ETHICS
	O + h = n =		·/- 0)		
4d	(Expenses \$	vices (Describe in Schedu	ng grants of \$) (Revenue \$)
_) (Nevellue 3	,
4e	Total program serv	/ice expenses ► \$			

Part TV	Checklist o	f Required	Schedules
	CHCCKHSCO		Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	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	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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 \checkmark Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•	. [고	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 458			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
U	facilities			
11	Section 501(c)(12) organizations. Enter			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		

 \boldsymbol{b} $\,$ Enter the amount of reserves the organization is required to maintain by the states

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Νo

14a

13c

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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										. 🔽	7
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	-110
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	163	No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
_		76	165	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	103	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	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		No
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		
Se	ction 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available.			
19	Own website Another's website V Upon request 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. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 TIM MCLAUGHLIN

560 RAY C HUNT DR CHARLOTTESVILLE, VA 229022083

(434)951-5499

<u>Part VIII</u> 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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours per	Posi t	tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

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

	(A) Name and Title	(B) A verage hours	Average Position (check all							(D) ortable ensation m the	(E) Reportable compensatio from related		(F) Estimate amount of compensa	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	zation (W- 9-MISC)	organization: (W- 2/1099 MISC)	s	from t organizati relate organiza	:he on and ed
See /	Additional Data Table													
				 										
				\vdash								_		
				<u> </u>	<u> </u>									
				_										
1b	Sub-Total				٠.	٠.	'	<u> </u>						
С	Total from continuation sheets						►							
d	Total (add lines 1b and 1c) .							F		9,085,444		0	7	799,048
2	Total number of individuals (inc \$100,000 in reportable comper						above) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? If "Yes," complete Sc					ey e	mploy	ee, o	r highes	t compens	ated employee			
4	For any individual listed on line					nans	ation	• and (other co	mnencation	from the	3		N o
•	organization and related organiz											4	Yes	
5	Did any person listed on line 1a										r ındıvıdual for			
	services rendered to the organi	zation? <i>If "Yes,"</i>	complet	e Sch	edul	e J fo	or suct	n pers	son .		•	5		No
	ection B. Independent Cor	ntractors												
1	Complete this table for your five	e highest compe		ındep	ende	ent c	ontra	ctors	that red	eived more	than			
	\$100,000 of compensation fror	n the organization (A)	n							<u> </u>	(B)		(C)
	Na	me and husiness ad	d							D	intion of services	- 1	Compen	

(A) Name and business address	(B) Description of services	(C) Compensation
PEARSON EDUCATION PO BOX 409479 ATLANTA, GA 30384	PUBLISHING	20,557,114
PBD INC 1650 BLUEGRASS LAKES PKWY ALPHARETTA, GA 30004	DISTRIBUTION	11,606,560
AMERICAN EXPRESS TRAVEL RELATED SVS 200 VESEY STREET NEW YORK, NY 10285	TRAVEL	8,410,628
DOREMUS COMPANY 200 VARICK STREET NEW YORK, NY 10014	MARKETING	6,750,357
PROFESSIONAL EXAMINATION SERVICE 475 RIVERSIDE DRIVE NEW YORK, NY 10115	EXAM ADMIN	4,427,414
2 Total number of independent contractors (including but not limited to those lister \$100,000 in compensation from the organization ►155	d above) who received more than	

	•	(2010)					Pag	e 9
Part	VIII	Statement of Reven	ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e . and 1f . nes 1a-1f \$		0			
Program Service Revenue		MEMBERSHIP DUES ADVERTISING		Business Code 900099 611710 900099 541800	51,364,719		849,878	
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds (I) Real	(II) Personal	6,184,566 0 246,517			6,184,56
e	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi	(I) Securities 41,131,100 38,477,268 2,653,832	(II) O ther 0 6,034 -6,034	2,647,798			2,647,79
Other Revenue	b c 9a b c 10a b c c	(not including \$ of contributions reported on See Part IV, line 18 Less direct expenses	a b ndraising events ctivities See Part IV, line 19 . ming activities s a b les of inventory	Business Code 900099 900099	0 0 124,219 107,206 340,946	124,219 107,206 340,946		
	12	Total revenue. See Instructi	ons		220,210,482	210,281,723	849,878	9,078,8

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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 no	ot include amounts reported on lines 6b, p, 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	2,658,879	'	,	•						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,631,386									
4	Benefits paid to or for members	0		1							
5	Compensation of current officers, directors, trustees, and key employees	9,382,515									
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	40,689,665									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,061,123									
9	Other employee benefits	5,430,480									
10	Payroll taxes	3,010,824									
а	Fees for services (non-employees) Management	0									
b	Legal	2,687,320									
С	Accounting	1,053,073									
d	Lobbying	200,789									
e	Professional fundraising services See Part IV, line 17	0									
f	Investment management fees	0									
g	Other	3,310,127									
12	Advertising and promotion	16,131,136									
13	Office expenses	20,128,767									
14	Information technology	6,551,851									
15	Royalties	1,884									
16	Occupancy	5,898,054									
17	Travel	19,474,831									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	5,607,530									
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	6,627,061									
23	Insurance	1,516,093									
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)										
а	PRODUCT MERCHANDISE COSTS	23,143,920									
b	EXAM ADMINISTRATION EXPENSES	26,949,984									
c	RECRUITING	1,454,077									
d	TAXES	1,194,577									
e	MEMBERSHIP DUES & OTHER	548,782									
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	210,344,728									
26	Joint costs. Check here ▶ ┌ 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										

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			1,512,317	1	7,121,947		
	2	Savings and temporary cash investments			34,136,887	2	33,106,054		
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net		582,283	4	1,019,005			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of							
		Schedule L	chedule L						
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)							
şt.		Schedule L				6			
Assets	7	Notes and loans receivable, net				7			
ď	8	Inventories for sale or use			6,161,249	8	10,448,836		
	9	Prepaid expenses and deferred charges			7,173,492	9	7,189,724		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	24,773,523					
	b	Less accumulated depreciation	10b	16,542,459	6,799,737	10 c	8,231,064		
	11	Investments—publicly traded securities			188,578,980	11	215,962,722		
	12	Investments—other securities See Part IV , line 11		12					
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets	9,941,998	14	6,719,882				
	15	Other assets See Part IV, line 11			1,711,110	15	1,757,509		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			256,598,053	16	291,556,743		
	17	Accounts payable and accrued expenses .			21,945,780	17	29,120,382		
	18	Grants payable				18			
	19	Deferred revenue			111,171,313	19	118,442,600		
	20	Tax-exempt bond liabilities				20			
<u>6</u>	21	Escrow or custodial account liability Complete Part IV of Schedu		21					
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Lia		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	•		1,482,417	25	2,063,007		
	26	Total liabilities. Add lines 17 through 25			134,599,510	26	149,625,989		
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete	ines 27					
ģ		through 29, and lines 33 and 34.							
Balance	27	Unrestricted net assets			121,998,543	27	141,930,754		
ထိ	28	Temporarily restricted net assets			0	28	0		
Fund	29	Permanently restricted net assets			0	29	0		
Ξ		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ and	nd con	nplete					
ō		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32			
Net	33	Total net assets or fund balances			121,998,543	33	141,930,754		
I	34	Total liabilities and net assets/fund balances			256,598,053	34	291,556,743		

	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		220.3	210,482
2	Total expenses (must equal Part IX, column (A), line 25)	2			344,728
3	Revenue less expenses Subtract line 2 from line 1	3		9,8	365,754
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		121,9	98,543
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10,0	066,45
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		141,9	30,754
Pai	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	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?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: Software Version:

EIN: 54-1386480
Name: CFA INSTITUTE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t			/)			(D) Reportable compensation	portable Reportable En pensation compensation amo		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MARGARET E FRANKLIN CFA CHAIRMAN OF THE BOARD	1 0	Х		х				0	0	0	
DANIELS MEADER CFA VICE CHAIR OF THE BOARD	1 0	Х		х				0	0	0	
THOMAS B WELCH CFA IMMEDIATE PAST CHAIR	1 0	Х		х				4,527	0	0	
AARON LOW CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
ALAN M MEDER CFA CPA AUDIT & RISK COMMITTEE CHAIR	1 0	Х						7,617	0	0	
BETH HAMILTON-KEEN CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						4,700	0	0	
CHARLES J YANG CFA EXT REL & VOL INVOLVMNT CHAIR	1 0	Х						0	0	0	
GIUSEPPE BALLOCCHI CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						5,131	0	0	
JAMES G JONES CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						3,400	0	0	
JANE SHAO CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
JEFFREY D LORENZEN CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
KAY RYAN BOOTH MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
MARK JP ANSON CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
PIERRE CARDON CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
ROGER URWIN PLANNING COMMITTEE CHAIR	1 0	Х						0	0	0	
SAEED M AL-HAJERI CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
STANLEY G LEE CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0	
JOHN ROGERS CFA PRESIDENT & CEO	40 0	Х		х				1,119,900	0	72,019	
JOSEPH P LANGE CORPORATE SECRETARY	40 0			х				97,165	0	21,681	
TIMOTHY G MCLAUGHLIN CFA CHIEF FINANCIAL OFFICER	40 0			х				520,854	0	47,929	
ROBERT R JOHNSON CFA MANAGING DIRECTOR	40 0				х			808,961	0	62,541	
ASHVIN P VIBHAKAR CFA MANAGING DIRECTOR	40 0				х			907,385	0	48,613	
DONNA MARSHALL MANAGING DIRECTOR	40 0				х			244,337	0	18,348	
JAN R SQUIRES CFA MANAGING DIRECTOR	40 0				Х			555,664	0	52,166	
CAROL J ANDERSON GENERAL COUNSEL	40 0				х			344,745	0	47,638	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KURT N SCHACHT CFA MANAGING DIRECTOR	400				х			540,800	0	56,144
NITIN MEHTA CFA MANAGING DIRECTOR	40 0				х			416,984	0	89,285
RAYMOND J DEANGELO MANAGING DIRECTOR	40 0				х			581,612	0	47,398
THOMAS ROBINSON CFA MANAGING DIRECTOR	40 0				х			477,534	0	44,941
JEAN A CASH MANAGING DIRECTOR (LEFT 1/10)	40 0				х			193,734	0	21,293
MICHAEL K DALTON MANAGING DIRECTOR (LEFT 8/10)	40 0				х			363,785	0	28,564
CHRISTINE I KOPPEL CFA DESIGNATED OFFICER	40 0					х		361,517	0	21,802
DENNIS MCLEAVEY CFA HEAD EDUCATION	40 0					х		333,094	0	28,073
PETER B MACKEY CFA HEAD CFA EXAMINATIONS	40 0					Х		352,506	0	28,460
RAHUL KESHAP DIR STRATEGY OPERATIONS	40 0					Х		517,207	0	30,234
STEPHEN M HORAN CFA HEAD PRIVATE WEALTH	400					х		322,285	0	31,919

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DLN: 93493192005202

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
◆ Section 527 organizations Complete Part I-A only
If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
* Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II B. Do not complete Part II A

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	ction 501(c)(4), (5), or (6) organi	zations Complete Part III	· •	1	· •
	me of the organization A INSTITUTE			Employer ider	itification number
				54-1386480	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt unde			1(c)(3).
1		ended by the filing organization for			\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	other organization	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?		☐ Yes ☐ No	
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

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

the year, did the filing organization attempt to influence foreign, national, state or local ition, including any attempt to influence public opinion on a legislative matter or referendum, h the use of	Yes	No	Amount
tion, including any attempt to influence public opinion on a legislative matter or referendum, h the use of			
tages 2			
cc13·			
taff or management (include compensation in expenses reported on lines 1c through 1i)?			
advertisements?			
gs to members, legislators, or the public?			
ations, or published or broadcast statements?			
s to other organizations for lobbying purposes?			
contact with legislators, their staffs, government officials, or a legislative body?			
s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
activities? If "Yes," describe in Part IV			
lines 1c through 1i			
e activities in line 1 cause the organization to be not described in section 501(c)(3)?		ľ	
s," enter the amount of any tax incurred under section 4912			
s," enter the amount of any tax incurred by organization managers under section 4912		ŀ	
		ļ	
5	," enter the amount of any tax incurred under section 4912	," enter the amount of any tax incurred under section 4912 ," enter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?	," enter the amount of any tax incurred under section 4912 ," enter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?

501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	28,344,428
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	210,222
b	Carryover from last year	2b	0
С	Total	2c	210,222
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	210,222

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ена	Revenue Service F Attach to Fo	orm 990. F See separate instructions.			Tilsher	31211
	ne of the organization INSTITUTE		Emp	loyer identifica	tion numbe	er
			54-	1386480		
Pa	rt I Organizations Maintaining Donor A		unds	or Accounts	. Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and o	theraccou	nte
	Total number at end of year	(a) Donor advised funds		(b) I ulius aliu o	ther accou	11103
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
L	Aggregate value at end of year					
			l or adv	us a d		
,	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		ioi auv	iseu	☐ Yes	☐ No
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
ar	t II Conservation Easements. Complete	if the organization answered "Yes" t	o Forn	n 990, Part IV	', line 7.	
1.	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certifie	d historic struc	-	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
;	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations.		ed by th	ne organization	during	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds:	the periodic monitoring, inspection, han	—— dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year 🕨	-	
	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year ► \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financia				
ar	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar <i>i</i>	Assets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue stateme for public exhibition, education or resear	ch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
!	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan			
а	Revenues included in Form 990, Part VIII, line 1			► \$		
	Revenues meladed in Form 550, Fait VIII, line I			- - γ		

b Assets included in Form 990, Part X

Par [.]	Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>tori</u>	<u>cal Tre</u>	asu	res, or O	<u>the</u>	<u>r Similar Ass</u>	<u>ets (c</u>	<u>ontınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	at ar	e a significa	nt u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or	exc	hange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y further	the c	organization	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Pai	TELLIV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organiza	atıor			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontributi	ons	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		Г		Amo		
_	Designation belongs						F	10	Alik	<u>'unc</u>	
c d	Additions during the year						⊢	1c 1d			
	Additions during the year						⊢	1u 1e			
e f	Distributions during the year						<u> </u>	1e 1f			
	Ending balance		- 242				L	Τί			
2a	Did the organization include an amount on Fo	•	e 21 /						I.	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1157 1		F 000		1 TV 1 40		
Рa	rt V Endowment Funds. Complete	the organizatio (a)Current Year)Prior			ro Years Back			e\Four \	ears Back
1a	Beginning of year balance	(a)current rear	(,,	<i>)</i> 1 1101	icai ,	(0) 1 11	o rears back	(4)	Three rears back	C) Out 1	Cars back
b	Contributions										
c	Investment earnings or 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 yea	r end balance held	as								
а	Board designated or quasi-endowment										
b	Permanent endowment -										
c	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that	are held a	and a	ıdmınıstered	l for	the		T
	organization by (i) unrelated organizations								3a(i)	Yes	No
	(ii) related organizations			•		•		•	3a(ii		+
b	If "Yes" to 3a(II), are the related organization							٠	3b		
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	ınds					_	
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	See F	orm 99	0, Pa	art X, line	10.			
	Description of investment				Cost or ot (investm		(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land			+						<u> </u>	
	Buildings										
	Leasehold improvements						7,932	,113	5,664,639	 	2,267,474
	Equipment						16,067	-	10,877,820	+	5,190,061
	Other							,529		 	773,529
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colu	mn (B), line	10(c).)				▶	 	8,231,064
	(20,00000000000000000000000000000000000		(2)	.,	\ - / · /		<u> </u>		Schedule D	Form (
											, '

Part VII Investments—Other Securities. See	Form 990, Part X, line 13		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1)Financial derivatives			ar market raide
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
		,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, lir			
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)		
Part X Other Liabilities. See Form 990, Part X		·	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
DEFERRED RENT	677,116		
DEFERRED COMPENSATION	1,385,891		
T 1-1 (C-1(1) -11115000 D-1 V1(D) 1 35)	2 2 2 2 2 2		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,063,007		

1	l otal revenue (Form 990, Part VIII, column (A), line 12)	1 1	220,210,462
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	210,344,728
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,865,754
4	Net unrealized gains (losses) on investments	4	10,066,457
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 - 8	9	10,066,457
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,932,211
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	230,282,973
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	10,066,457
3	Subtract line 2e from line 1	3	220,216,516
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	-6,034
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	220,210,482
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	210,350,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	6,034
3	Subtract line 2e from line 1	3	210,344,728
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	210,344,728
Par	t XIV Supplemental Information		

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

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, 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

Identifier	Return Reference	Explanation
SCHEDULE D, PART X, LINE 2		CFA INSTITUTE HAS PERFORMED AN EVALUATION OF ITS UNRELATED BUSINESS INCOME AND HAS MAINTAINED ITS TAX EXEMPT STATUS CFA INSTITUTE BELIEVES THAT IT HAS ADEQUATELY PROVIDED FOR ALL OPEN TAX YEARS BY TAX JURISDICTION UNDER THE FASB ASC TOPIC ON INCOME TAXES AND HAS NO UNCERTAIN TAX POSITIONS
SCHEDULE D, PART XII, LINE 4B		LOSS ON DISPOSAL OF ASSETS (6,034)
SCHEDULE D, PART XIII, LINE 2D		LOSS ON DISPOSAL OF ASSETS 6,034

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493192005202

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

to Part I

c Totals (add lines 3a and 3b)

Employer identification number

FA.	INSTITUTE				54-1386480	
Pai	rt I General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
	For grantmakers. Does the assistance, the grantees' elithe grants or assistance?.	organization m	naıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
	For grantmakers. Describe in Pa United States	art V the organız	atıon's procedur	es for monitoring the use	of grant funds outside th	ne
	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed ?)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	See Add'l Data					
	Sub-total Total from continuation sheets	5	60			33,061,150 39.92
n	LOTAL FROM CONTINUATION SPECTS	1 _	1	1		1997

60

33,101,075

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
See Add'l Data								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	[ত	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	▽	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 2		INDIVIDUAL GRANT PAYMENTS ARE MONITORED AND TRACKED BY CFA INSTITUTE STAFF GRANT RECIPIENTS ARE REQUIRED TO SUBMIT EXPENSE REIMBURSEMENT FORMS AND/OR DETAILED BUSINESS PLANS AND BUDGETS

Schedule F (Form 990) 2010

Software ID: Software Version:

EIN: 54-1386480
Name: CFA INSTITUTE

Form 990 Schedule F Part I - Activities Outside The United States

I Of the 330 Schedule 1 F	aiti Attivit	ics outside i	ic office States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) A ctivities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	MEMBER & EXAM SUPPORT	16,735
East Asia and the Pacific	3	35	Program Services	MEMBER & EXAM SUPPORT	13,543,724
Europe (Including Iceland and Greenland)	2	24	Program Services	MEMBER & EXAM SUPPORT	12,810,287
Middle East and North Africa	0	0	Program Services	MEMBER & EXAM SUPPORT	402,311
North America	0	0	Program Services	MEMBER & EXAM SUPPORT	1,363,986
Russia and the Newly Independent States	0	0	Program Services	MEMBER & EXAM SUPPORT	315,416
South America	0	1	Program Services	MEMBER & EXAM SUPPORT	952,834
South Asia	0	0	Program Services	MEMBER & EXAM SUPPORT	924,271
Sub-Saharan Africa	0	0	Program Services	MEMBER & EXAM SUPPORT	140,125
Central America and the Caribbean	0	0	Grantmakıng	N/A	54,359
East Asia and the Pacific	0	0	Grantmakıng	N/A	466,570
Europe (Including Iceland and Greenland)	0	0	Grantmakıng	N/A	1,023,749
Middle East and North Africa	0	0	Grantmakıng	N/A	64,706
North America	0	0	Grantmakıng	N/A	565,527
Russia and the Newly Independent States	0	0	Grantmakıng	N/A	122,145
South America	0	0	Grantmakıng	N/A	52,314
South Asia	0	0	Grantmakıng	N/A	242,091
Sub-Saharan Africa	0	0	Grantmakıng	N/A	39,925

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	GEN SUPPORT	18,209	WIRE/CHECK	0	N/A	N/A
		Mıddle East/North Afrıca	GEN SUPPORT	15,222	WIRE/CHECK	0	N/A	N/A

, Form 990 Scheai	ile L batt II	L - Grants or Entities O	jutside i ne Unite	a States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
.		Cent A merica/Caribbean	GEN SUPPORT	8,500	WIRE/CHECK	0'	N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	13,205	WIRE/CHECK	0	N/A	N/A
4								,

(a) Name of section (c) Region (d) Purpose of grant applicable)	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
Europe/Iceland/Greenland GEN SUPPORT	23,000	WIRE/CHECK	0	N/A	N/A
North America GEN SUPPORT	41,647	WIRE/CHECK	0	N/A	N/A

, Form 990 Scheav	le F Part II	- Grants or Entitle	is Outside The Un	ited States		_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		South Asia	GEN SUPPORT	22,194	WIRE/CHECK	0'	N/A	N/A
		Russia	GEN SUPPORT	90,145	WIRE/CHECK	0	N/A	N/A
4								

, Form 990 Schedi	lie F Part II	I - Grants or Entities O	jutside The Unite	a States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	GEN SUPPORT	19,058	WIRE/CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	14,146	WIRE/CHECK	0	N/A	N/A
4								,

, Form 990 Scheav	lie E bart II	L - Grants or Entities O	jutside The Unite	a States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	GEN SUPPORT	17,509	WIRE/CHECK	0	N/A	N/A
		North America	GEN SUPPORT	25,391	WIRE/CHECK	0	N/A	N/A

, Form 990 Scheal	ile L bart II	i - Grants or Entitles Q	jutsiae i ne Unite	a States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	GEN SUPPORT	25,069	WIRE/CHECK	0'	N/A	N/A
		Middle East/North Africa	GEN SUPPORT	12,709	WIRE/CHECK	0'	N/A	N/A

, Form 990 Scheav	ue F Part II	- Grants or Entitle	is outside the on	itea States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		North America	GEN SUPPORT	23,771	WIRE/CHECK	0	N/A	N/A
		North America	GEN SUPPORT	23,013	WIRE/CHECK	0	N/A	N/A
1								

, Form 990 Schedu	le F Part II	- Grants or Entitle	,s Outside The Un'	ited States	_		_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		South America	GEN SUPPORT	19,049	WIRE/CHECK	0	N/A	N/A
		Cent America/Caribbean	GEN SUPPORT	12,920	WIRE/CHECK	0	N/A	N/A

, rorm 990 Scheav	Form 990 Schedule F Part 11 - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		South America	GEN SUPPORT	33,265	WIRE/CHECK	0	N/A	N/A			
		Middle East/North Africa	GEN SUPPORT	13,000	WIRE/CHECK	0	N/A	N/A			

Form 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Europe/Iceland/Greenland	GEN SUPPORT	16,999	WIRE/CHECK	0	N/A	N/A		
		East Asia/Pacific	GEN SUPPORT	45,659	WIRE/CHECK	0	N/A	N/A		

Form 990 Schedu	ile F Part II	- Grants or Entitle	s Outside The Un	ited States				<u> </u>
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia/Pacific	GEN SUPPORT	27,555	WIRE/CHECK	0	N/A	N/A
		East Asia/Pacific	GEN SUPPORT	20,021	WIRE/CHECK	0	N/A	N/A
					·			

Form 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)		
		Europe/Iceland/Greenland	GEN SUPPORT	18,450	WIRE/CHECK	0	N/A	N/A		
		North America	GEN SUPPORT	17,425	WIRE/CHECK	0	N/A	N/A		

, Form 990 Scheav	ile F Part II	- Grants or Entitle	s Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia/Pacific	GEN SUPPORT	35,915	WIRE/CHECK	0	N/A	N/A
		East Asia/Pacific	GEN SUPPORT	17,478	WIRE/CHECK	0	N/A	N/A
1								

Form 990 Scheau	ue F Part II	- Grants or Entitle	s outside The Un'	itea States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
1			GEN SUPPORT	7,060	WIRE/CHECK	0	N/A	N/A
l'		A merica/Caribbean	<u> </u>	1				
		East Asia/Pacific	GEN SUPPORT	18,000	WIRE/CHECK	0	N/A	N/A
1	,	•				•	•	•

Form 990 Scheau	ue F Part II	- Grants or Entitle	s outside The Un'	itea States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
<u> </u>		Cent	GEN SUPPORT	10,000	WIRE/CHECK	0	N/A	N/A
/		A merica/Caribbean	<u> </u>	1			1	
		Sub-Saharan Africa	GEN SUPPORT	31,270	WIRE/CHECK	0	N/A	N/A
1	,	•				•	•	

, Form 990 Scheal	Form 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		Europe/Iceland/Greenland	GEN SUPPORT	17,000	WIRE/CHECK	0	N/A	N/A			
		South Asia	GEN SUPPORT	21,339	WIRE/CHECK	0	N/A	N/A			

, Form 990 Scheav	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		North America	GEN SUPPORT	51,532	WIRE/CHECK	0	N/A	N/A			
		North America	GEN SUPPORT	9,500	WIRE/CHECK	0	N/A	N/A			
1											

, Form 990 Scheai	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		North America	GEN SUPPORT	15,373	WIRE/CHECK	0	N/A	N/A			
		Europe/Iceland/Greenland	GEN SUPPORT	7,181	WIRE/CHECK	0	N/A	N/A			
4								,			

, Form 990 Scheal	Form 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)			
		Europe/Iceland/Greenland	GEN SUPPORT	18,609	WIRE/CHECK	0'	N/A	N/A			
		Middle East/North Africa	GEN SUPPORT	7,795	WIRE/CHECK	0'	N/A	N/A			

, Form 990 Scheai	Form 990 Schedule F Part 11 - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Middle East/North Africa	GEN SUPPORT	15,979	WIRE/CHECK	0'	N/A	N/A			
		Europe/Iceland/Greenland	GEN SUPPORT	16,358	WIRE/CHECK	0	N/A	N/A			
4								,			

, Form 990 Scheal	orm 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
	1	Europe/Iceland/Greenland	GEN SUPPORT	36,394	WIRE/CHECK	0	N/A	N/A			
		Europe/Iceland/Greenland	GEN SUPPORT	308,963	WIRE/CHECK	0	N/A	N/A			

, Form 990 Scheal	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		Europe/Iceland/Greenland	GEN SUPPORT	31,514	WIRE/CHECK	0	N/A	N/A			
		East Asia/Pacific	GEN SUPPORT	97,756	WIRE/CHECK	0	N/A	N/A			

Form 990 Scheat	orm 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)		
	1	Europe/Iceland/Greenland	GEN SUPPORT	14,372	WIRE/CHECK	0	N/A	N/A		
	1	South Asia	GEN SUPPORT	125,000	WIRE/CHECK	0	N/A	N/A		

, Form 990 Scheav	ie F Part II	- Grants or Entitle	s Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		South Asia	GEN SUPPORT	73,558	WIRE/CHECK	0	N/A	N/A
		East Asia/Pacific	GEN SUPPORT	8,535	WIRE/CHECK	0	N/A	N/A
1								

, Form 990 Scheal	-orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		Europe/Iceland/Greenland	GEN SUPPORT	88,843	WIRE/CHECK	0'	N/A	N/A			
		East Asia/Pacific	GEN SUPPORT	49,859	WIRE/CHECK	0	N/A	N/A			

, Form 990 Schear	ile E Part II	L - Grants or Entities O	jutside The Unite	a States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Europe/I celand/Greenland	GEN SUPPORT	14,546	WIRE/CHECK	0	N/A	N/A
	1	East Asia/Pacific	GEN SUPPORT	18,583	WIRE/CHECK	0	N/A	N/A
								, , , , , , , , , , , , , , , , , , ,

, Form 990 Scheai	-orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		North America	GEN SUPPORT	71,117	WIRE/CHECK	0	N/A	N/A			
		Europe/Iceland/Greenland	GEN SUPPORT	45,409	WIRE/CHECK	0	N/A	N/A			
4								,			

, Form 990 Scheai	-orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		North America	GEN SUPPORT	14,358	WIRE/CHECK	0	N/A	N/A			
		Europe/I celand/Greenland	GEN SUPPORT	15,892	WIRE/CHECK	0'	N/A	N/A			
1											

, Form 990 Scheav	ie F Part II	- Grants or Entitle	is Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia/Pacific	GEN SUPPORT	5,638	WIRE/CHECK	0	N/A	N/A
		East Asia/Pacific	GEN SUPPORT	56,862	WIRE/CHECK	0'	N/A	N/A
1								

, Form 990 Scheai	-orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	GEN SUPPORT	8,654	WIRE/CHECK	0	N/A	N/A			
		Europe/Iceland/Greenland	GEN SUPPORT	20,000	WIRE/CHECK	0	N/A	N/A			
1								•			

, Form 990 Scheai	orm 990 Schedule F Part II - Grants or Entitles Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Europe/Iceland/Greenland	GEN SUPPORT	162,280	WIRE/CHECK	0'	N/A	N/A		
		Cent A merica/Caribbean	GEN SUPPORT	15,879	WIRE/CHECK	0'	N/A	N/A		

, Form 990 Scheav	ie F Part II	- Grants or Entitle	is Outside The Un	ited States				_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		North America	GEN SUPPORT	33,969	WIRE/CHECK	0	N/A	N/A
		East Asia/Pacific	GEN SUPPORT	25,000	WIRE/CHECK	0	N/A	N/A
1								

, Form 990 Scheav	Form 990 Schedule F Part 11 - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)				
		North America	GEN SUPPORT	220,221	WIRE/CHECK	0	N/A	N/A				
		Russia	GEN SUPPORT	17,500	WIRE/CHECK	0	N/A	N/A				
1												

(a) Name of section (c) Region (d) Purpose of grant (e) Amount of (f) Manner of (g) Amount of non- (h) Description of valuation (c) Region (d) Purpose of grant (e) Amount of (f) Manner of (g) Amount of non- (h) Description of valuation (f) Manner of (g) Amount of non- (h) Description of valuation (f) Manner of (g) Amount of non- (h) Description of (g) Amount of (g)	Form 990 Schedule F Part II - Grants or Entitles Outside The United States												
organization and EIN(II assistance assistance (book, FM	(a) Name of organization	section and EIN(if		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	cash	non-cash	(1) Method of valuation (book, FMV, appraisal, other)				
Europe/Iceland/Greenland GEN SUPPORT 96,641 WIRE/CHECK 0 N/A N/A			Europe/Iceland/Greenland	GEN SUPPORT	96,641	WIRE/CHECK	0	N/A	N/A				
Russia GEN SUPPORT 12,000 WIRE/CHECK 0 N/A N/A			Russia	GEN SUPPORT	12,000	WIRE/CHECK	0	N/A	N/A				

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DLN: 93493192005202 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

Inspection Employer identification number

CFA INSTITUTE	_					54-1386480	
Part I General Informatio 1 Does the organization maintain the selection criteria used to aw 2 Describe in Part IV the organization	records to substanti ard the grants or as	ate the amount of the					√ Yes
Part II Grants and Other A Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	es" to . Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga						· · · · · · •	1 69

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		INDIVIDUAL GRANT PAYMENTS ARE MONITORED AND TRACKED BY CFA INSTITUTE STAFF GRANT RECIPIENTS ARE REQUIRED TO SUBMIT EXPENSE REIMBURSEMENT FORMS AND/OR DETAILED BUSINESS PLANS AND BUDGETS

Software ID: Software Version:

EIN: 54-1386480

Name: CFA INSTITUTE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baltimore CFA Society Inc 575 S Charles St Baltimore, MD 21201	52-0895933		35,281	0	N/A	N/A	GEN SUPPORT
Boston Security Analysts Society260 Franklin St Ste 1540 Boston, MA 02110	23-7069432		113,427	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA HawaiiPO Box 580 Honolulu,HI 96809	87-0753677		12,500	0	N/A	N/A	GEN SUPPORT
CFA MiamiPO Box 960901 Miami,FL 33296	61-1572381		17,289	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA North Carolina Society 3004 Exbow Ct Raleigh, NC 27613	56-1824044		36,012	0	N/A	N/A	GEN SUPPORT
CFA Society of Alabama100 Office Park Dr Birmingham, AL 35223	63-1064381		22,505	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Arkansas11 Center St Litte Rock, AR 72201	58-2055805		8,500	0	N/A	N/A	GEN SUPPORT
CFA Society of Atlanta248 Creekstone Ridge Woodstock, GA 30188	58-1105110		54,578	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of AustinPO Box 1467 Austin,TX 78767	72-1621543		19,736	0	N/A	N/A	GEN SUPPORT
CFA Society of Buffalo Inc PO Box 539 Buffalo,NY 14205	20-5170662		12,657	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Chicago134 N Lasalle St Chicago, IL 60602	36-2595074		81,996	0	N/A	N/A	GEN SUPPORT
CFA Society of Cleveland 3637 Medina Rd Medina,OH 44256	23-7065462		36,187	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Colorado 6957 Lakeview St Littleton, CO 80120	84-0585027		33,590	0	N/A	N/A	GEN SUPPORT
CFA Society of ColumbusPO Box 25 Blacklick, OH 43004	31-1393658		31,752	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of DallasFort WorthPO Box 8205116 Dallas,TX 75382	23-7078748		32,623	0	N/A	N/A	GEN SUPPORT
CFA Society of Detroit 35464 Jeffers Ct Harrison Twnshp, MI 48045	38-6087152		28,144	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Idaho7661 W Riverside Dr 105 OPEN,ID 83714	04-3704521		8,367	0	N/A	N/A	GEN SUPPORT
CFA Society of Iowa Inc711 High St Des Moines, IA 53092	42-1152989		26,036	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Jacksonville 1579 Greens Wy Jksnville Bch,FL 32250	59-1606008		17,800	0	N/A	N/A	GEN SUPPORT
CFA Society of Los Angeles 350 S Grand Ave Los Angeles, CA 90071	95-6069970		53,679	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Louisiana 228 St Charles Ave New Orleans, LA 70130	72-0947195		11,852	0	N/A	N/A	GEN SUPPORT
CFA Society of Louisville 1802 Crossgate Lane Louisville, KY 40222	61-1333979		17,295	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Madison 1241 John Q Hammons Dr Madison, WI 53717	39-1929703		24,192	0	N/A	N/A	GEN SUPPORT
CFA Society of Memphis 5118 Park Ave Memphis,TN 38117	62-1636928		24,921	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Milwaukee Inc100 East Wisconsin Ave Milwaukee, WI 53202	23-7072850		31,666	0	N/A	N/A	GEN SUPPORT
CFA Society of Minnesota 1300 Rand Tower Minneapolis, MN 55402	41-1861989		44,113	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Mississippi 1018 Highlnd Colny Pkwy Ridgeland, MS 39157	64-0716591		9,499	0	N/A	N/A	GEN SUPPORT
CFA Society of Naples 11094 Rvr Trent Ct Lehigh Acres, FL 33971	59-3405436		13,870	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Nashville 7003 Chadwick Dr 350 Brentwood,TN 37027	62-1181717		20,538	0	N/A	N/A	GEN SUPPORT
CFA Society of Nebraska Inc PO Box 80685 Lincoln,NE 68501	47-0667513		16,740	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Nevada2251 S Ft Apadie Rd Las Vegas, NV 89117	20-0195946		13,900	0	N/A	N/A	GEN SUPPORT
CFA Society of New Mexico PO Box 36947 Albuquerque, NM 87176	85-0454738		11,000	0	N/A	N/A	GEN SUPPORT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of OklahomaPO BOX 13006 Oklahmoma City, OK 73113	20-3779358		7,919	0	N/A	N/A	GEN SUPPORT
CFA Society of Orange County4533 MacArthur Blvd Newport Beach, CA 92660	33-0228558		30,723	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of OrlandoPO BOX 2783 Orlando,FL 32802	59-3213363		13,968	0	N/A	N/A	GEN SUPPORT
CFA Society of Philadelphia 100 North 20 St Philadelphia, PA 19103	23-6395738		70,725	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of PortlandPO Box 434 Portland, OR 79207	23-7358083		32,574	0	N/A	N/A	GEN SUPPORT
CFA Society of Rochester2 Berrywood Circle Pennfield, NY 14526	16-0977751		12,611	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Sacramento 915 L St Ste C-252 Sacramento, CA 95814	94-3315268		14,134	0	N/A	N/A	GEN SUPPORT
CFA Society of Salt Lake150 Social Hall Salt Lake City, UT 84145	61-1526448		31,102	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of San Antonio 12526 La Aventura St San Antonio, TX 78233	74-1660459		14,308	0	N/A	N/A	GEN SUPPORT
CFA Society of San DiegoPO Box 928456 San Diego, CA 92192	23-7069278		26,993	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of San Francisco300 Montgomery St San Francisco, CA 94104	94-6078576		92,145	0	N/A	N/A	GEN SUPPORT
CFA Society of Seattle 18221-102nd Avenue NE Bothell, WA 98011	91-1164972		43,334	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of South Carolina2711 Middleburg Dr Columbia, SC 29204	57-1134283		5,897	0	N/A	N/A	GEN SUPPORT
CFA Society of South Florida 8602 Tourmaline Blvd Boynton Bch,FL 33437	30-0325375		17,494	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Spokane808 W Sopkane Falls Spokane, WA 99201	91-1592696		11,100	0	N/A	N/A	GEN SUPPORT
CFA Society of St Louis 330 Wenneker Dr St Louis, MO 63124	43-6031785		35,331	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Washington DC1620 Eye St NW Washington, DC 20006	23-7360649		69,986	0	N/A	N/A	GEN SUPPORT
CFA Tampa Bay12157 W Linebaugh Ave Tampa,FL 33626	51-0669210		23,548	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Virginia5808 Paragon Pl Richmond, VA 23230	54-1429832		24,890	0	N/A	N/A	GEN SUPPORT
CFA West Michigan Society 134 N Lasalle St Kalamazoo, MI 49009	38-0892650		12,669	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dayton CFA Society10 N Ludlow St STE 800 Dayton,OH 45402	26-0659612		13,500	0	N/A	N/A	GEN SUPPORT
CFA Society of Houston 10401 Westoffice Drive Houston,TX 77042	23-7004744		36,401	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Institutional Investors EducationSTE 400 1 Mifflin Pl Cambridge, MA 02138	20-3393241		20,000	0	N/A	N/A	GEN SUPPORT
Kansas City CFA Society 330 Wenneker Dr St Louis, MO 63124	82-0560661		24,444	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maine CFA SocietyPO Box 258 Bar Harbor, ME 04609	04-3547791		8,500	0	N/A	N/A	GEN SUPPORT
Museum of American Finance48 Wall Street New York, NY 10005	13-3540880		10,000	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York Society of Security Analysts1540 Brdway Ste 1010 New York, NY 10036	13-5610350		159,054	0	N/A	N/A	GEN SUPPORT
Phoenix CFA Society16435 N Scottsdale Rd Scottsdale,AZ 85254	86-0469879		24,543	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Research Foundation of CFA Institute560 Ray C Hunt Dr Chrlottsville, VA 22902	54-6063408	501(C)(3)	588,514	0	N/A	N/A	GEN SUPPORT
Stamford CFA Society6 Oliver St S Norwalk, CT 06854	06-1513527		15,589	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Chattanogga Society of Financial Analysts520 Lookout Street Chattanooga,TN 37403	54-5301049		11,644	0	N/A	N/A	GEN SUPPORT
CFA Society of Cincinnati Inc4010 Exec Park Dr Suite 100 CincinnatI,OH 45241	23-7094427		22,593	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Pittsburgh Society of Financial AnalystsPO Box 1212 Pittsburgh,PA 15230	25-1421153		21,924	0	N/A	N/A	GEN SUPPORT
The Providence Society of Financial Analysts200 Seaport Blvd 32N Boston, MA 02210	23-7069442		17,379	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tuscon Society of CFA Institute1820 E River Rd Tuscon, AZ 85714	27-0863018		10,500	0	N/A	N/A	GEN SUPPORT
Vermont CFA Society110 Main St Burlington, VT 05401	04-3374500		12,500	0	N/A	N/A	GEN SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Indianapolis IncPO Box 90232 Indianapolis,IN 46290	23-7119206		22,496	0	N/A	N/A	GEN SUPPORT
The Hartford CFA SocietyPO Box 182 North Grandy, CT 06060	06-0964607		23,666	0	N/A	N/A	GEN SUPPORT

DLN: 93493192005202

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization **CFA INSTITUTE**

Employer identification number

	134-1300400			
Pa	rt I Questions Regarding Compensation		l	
			Yes	No
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			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
3	Indicate which if any of the following the organization uses to establish the companyation of the			
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			
	▼ Compensation committee ▼ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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			
а	The organization?	5a		
b	Any related organization?	5b		
	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			
а	The organization?	6a		
b	Any related organization?	6b		
	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	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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) N	(2) 5 1 1	(11/2 1/ 1000 1/	100		(5) 11 11	(E) T	(F) C
(A) Name	(i) Base compensation	of W-2 and/or 1099-M (ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A		FIRST-CLASS TRAVEL AN EMPLOYEE CAN PURCHASE FIRST CLASS TRAVEL WHEN ELIGIBLE FOR BUSINESS CLASS TRAVEL AND SUCH TRAVEL IS NOT AVAILABLE BUSINESS CLASS TRAVEL IS ALLOWED FOR FLIGHTS OVER 7 HOURS TRAVEL FOR COMPANIONS AN EMPLOYEE CAN EXCHANGE BUSINESS CLASS AIRFARE FOR TWO COACH AIRFARES TO INCLUDE COMPANION TRAVEL TAX INDEMNIFICATION AND GROSS-UP PAYMENTS CERTAIN REIMBURSEMENTS, INCLUDING HOUSING AND UTILITIES, FOR EXPATRIATES ARE GROSSED-UP ALL EXPATRIATES AND INTERNATIONAL ROTATION ASSIGNMENT PROGRAM EMPLOYEES' SALARIES ARE EQUALIZED TO THEIR RESIDENTIAL TAX CODE HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE CFA INSTITUTE PAYS THE COST OF A PERSONAL RESIDENCE IN THE COUNTRY TO WHICH EACH EXPATRIATE IS ASSIGNED ON OCCASION, CFA INSTITUTE PAYS FOR RELOCATION HOUSING AND INCLUDES THIS IN THE EMPLOYEE'S COMPENSATION HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES HEALTH CLUB MEMBERSHIP FEES ARE REIMBURSABLE TO THE EMPLOYEE UNDER CFA INSTITUTE'S WELLNESS PROGRAM
SCHEDULE J- 1, PART I, COLUMN B (III)		OTHER REPORTABLE COMPENSATION REFLECTED IN B(III) INCLUDES EXPATRIATE COMPENSATION
FORM 990, PART VII, COLUMN D		THOMAS B WELCH \$4,527 RELATES TO 2 FOR 1 COMPANION TICKET(S) AND NOT COMPENSATION ALAN M MEDER \$3,292 RELATES TO 2 FOR 1 COMPANION TICKET(S) AND \$4,325 FOR GRADER COMPENSATION AND NOT FOR SERVICE AS A BOARD MEMBER GIUSEPPE BALLOCCHI RECEIVED \$5,131 FOR GRADER COMPENSATION AND NOT FOR SERVICE AS A BOARD MEMBER ELIZABETH HAMILTON-KEEN RECEIVED \$4,700 FOR GRADER COMPENSATION AND NOT FOR SERVICE AS A BOARD MEMBER JAMES JONES RECEIVED \$3,400 FOR GRADER COMPENSATION AND NOT FOR SERVICE AS A BOARD MEMBER
SCHEDULE J, PART I, LINE 4A		SEVERANCE PAYMENTS WERE MADE AS FOLLOWS MICHAEL DALTON, \$65,000 JEAN CASH, \$116,667

Schedule J (Form 990) 2010

Software ID: **Software Version:**

EIN: 54-1386480

Name: CFA INSTITUTE

FORM 990,	, Scheaule J	, Part II ·	- officers,	Directors,	irustees,	ĸey	Employ	yees,	and r	าเฐทยรับ	Comp	ensate	i Embio	yees	
															_

Form 990, Schedule J, Pa	IFT I	L - Officers, Direc	tors, irustees, ke	y Empioyees, and	nignest Compens	sated Employees	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JOHN ROGERS CFA	(I)	593,618	522,925	3,357	57,967	14,052	1,191,919	0
	(II)	0	0	0	0	0	0	0
ROBERT R JOHNSON	(I)	442,360	361,992	4,609	47,967	14,574	871,502	28,333
CFA	(II)	0	0	0	0	0	0	0
TIMOTHY G	(I)	309,189	206,147	5,518	32,738	15,191	568,783	19,167
MCLAUGHLIN CFA	(II)	0	0	0	0	0	0	0
ASHVIN P VIBHAKAR	(I)	302,947	168,899	435,539	37,967	10,646	955,998	18,067
CFA	(II)	0	0	0	0	0	0	0
DONNA MARSHALL	(I) (II)	179,468 0	43,512 0	21,357 0	9,493 0	8,855 0	262,685 0	0
JAN R SQUIRES CFA	(I)	346,549	189,224	19,891	41,511	10,655	607,830	21,000
	(II)	0	0	0	0	0	0	0
CAROLJANDERSON	(I) (II)	238,094 0	103,313	3,338 0	33,301 0	14,337 0	392,383 0	0
KURT N SCHACHT	(I)	352,560	182,629	5,611	41,967	14,177	596,944	23,558
CFA	(II)	0	0	0	0	0	0	0
NITIN MEHTA CFA	(I)	283,102	128,498	5,384	80,015	9,270	506,269	18,165
	(II)	0	0	0	0	0	0	0
RAYMOND J	(I)	356,374	217,764	7,474	41,967	5,431	629,010	23,667
DEANGELO	(II)	0	0	0	0	0	0	0
THOMAS ROBINSON	(I)	330,167	143,109	4,258	39,633	5,308	522,475	0
CFA	(II)	0	0	0	0	0	0	
CHRISTINE I KOPPEL	(I)	199,504	27,501	134,512	17,056	4,746	383,319	0
CFA	(II)	0	0	0	0	0	0	
DENNIS MCLEAVEY	(I)	220,814	34,452	77,828	17,967	10,106	361,167	0
CFA	(II)	0	0	0	0	0	0	
PETER B MACKEY CFA	(I) (II)	284,013 0	63,656 0	4,837 0	17,967 0	10,493	380,966 0	0
RAHUL KESHAP	(I) (II)	165,381 0	25,450 0	326,376 0	16,353 0	13,881	547,441 0	0
STEPHEN M HORAN CFA	(I) (II)	255,818 0	63,759 0	2,708 0	17,961 0	13,958	354,204 0	0
JEAN A CASH	(I) (II)	14,398 0	48,965 0	130,371 0	9,406 0	11,887 0	215,027 0	0
MICHAEL K DALTON	(I) (II)	189,932 0	86,256 0	87,597 0	17,967 0	10,597	392,349 0	12,880

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As Filed Data -

DLN: 93493192005202

Employer identification number

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

CFA INSTITUTE

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

54-1386480 Identifier **Explanation** Return Reference PART III. OTHER PROGRAMS AND SERVICES CFA INSTITUTE ALSO DEVELOPS A VARIETY OF PROGRAMS AND LINE 4D SERVICES IN ITS SERVICE TO MEMBERS AND TO THE GLOBAL INVESTMENT COMMUNITY AT LARGE SUCH PROGRAMS INCLUDE THE CERTIFICATE IN INVESTMENT PERFORMANCE MEASUREMENT (CIPM) PROGRAM, WHICH IS A CERTIFICATION PROGRAM FOCUSED ON INVESTMENT PROFESSIONALS WHO WORK IN THE NICHE

SERVICES DESIGNED TO FACILITATE DISCUSSION AND CAMARADERIE AMONG MEMBERS

AREA OF PERFORMANCE MEASUREMENT, CAREER DEVELOPMENT SERVICES, AND OTHER NETWORKING-TYPE

ldentifier	Return Reference	Explanation
PART V, LINE 4B	FOREIGN COUNTRIES	HONG KONG, UNITED KINGDOM, CHINA, MALAYSIA

ldentifier	Return Reference	Explanation
PART VI, LINE 4		THE CFA INSTITUTE BOARD OF GOVERNORS UPDATED ITS BY LAWS TO INCREASE TRANSPARENCY AND EFFICIENCY, AND TO REFLECT A GOAL OF CORPORATE-BASED GOVERNANCE DOCUMENTS BASED ON CURRENT BEST PRACTICES

ldentifier	Return Reference	Explanation
PART VI, LINES 6, 7A & 7B		THE CLASSES OF MEMBERSHIP IN CFA INSTITUTE ARE REGULAR MEMBERS, AFFILIATE MEMBERS, CHARTERHOLDER MEMBERS, AND MEMBER SOCIETIES REGULAR MEMBERS ARE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED AT MEMBER MEETINGS REGULAR MEMBERS ALSO HAVE THE RIGHT TO ELECT THE BOARD OF GOVERNORS THE BOARD MAY HAVE UP TO TWO GOVERNORS WHO ARE NOT REGULAR MEMBERS ALL OTHER GOVERNORS SHALL BE REGULAR MEMBERS

ldentifier	Return Reference	Explanation
PART VI, LINE 11B		FORM 990 WILL BE PRESENTED TO THE AUDIT AND RISK COMMITTEE TO BE DISCUSSED IN DETAIL IN ADDITION, COPIES WILL BE PROVIDED TO EACH OF THE BOARD OF GOVERNORS THESE PRESENTATIONS WILL TAKE PLACE PRIOR TO FILING

ldentifier	Return Reference	Explanation
PART VI, LINE 12C		THE CONFLICT OF INTEREST STATEMENTS ARE COLLECTED ANNUALLY STAFF DISCLOSURES MAY BE DIRECTED TO ANY MEMBER OF THE GENERAL COUNSEL OFFICE, THE COMPLIANCE OFFICER OR MEMBER OF THE AUDIT AND RISK COMMITTEE GOVERNOR DISCLOSURES MAY BE DIRECTED TO THE CFA INSTITUTE CHAIR OR GENERAL COUNSEL ANNUAL TRAINING IS PROVIDED BY THE OFFICE OF GENERAL COUNSEL ALL EMPLOYEES ACKNOWLEDGE THEIR UNDERSTANDING AND ADHERENCE TO THE CODE OF CONDUCT ANNUALLY THE RESTRICTIONS IMPOSED ON A PERSON WITH A CONFLICT VARY BASED ON THE CONFLICT, THE POSITION OF THE PERSON, AND THE SITUATION, HOWEVER, IT COULD INCLUDE PROHIBITING A BOARD MEMBER FROM PARTICIPATING IN A PARTICULAR DELIBERATION AND/OR DECISION

ldentifier	Return Reference	Explanation
PART VI, LINES 15A & 15B		THE ORGANIZATION USED A SPECIALIST CONSULTING FIRM TO REVIEW MARKET DATA FOR THE PRESIDENT & CEO, CFO, AS WELL AS MANAGING DIRECTORS AT CFA INSTITUTE CFA INSTITUTE USED BENCHMARK DATA COLLECTED FROM THE NOT-FOR-PROFIT AND FOR-PROFIT MARKETPLACE USING PUBLISHED SURVEY DATA AND THE FORM 990 OF ORGANIZATIONS SIMILAR IN SIZE (FTE AND REVENUE) TO HELP DETERMINE COMPENSATION COMPENSATION IS ALSO REVIEWED BY THE BOARD OF GOVERNORS COMPENSATION COMMITTEE WHICH IS COMPRISED OF INDEPENDENT GOVERNORS

Identifier	Return Reference	Explanation
PART VI, LINE 19		THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, WWW CFAINSTITUTE ORG

Identifier	Return Reference	Explanation
PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	NET UNREALIZED GAINS ON INVESTMENTS 10,066,457

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN ROGERS, CFA TITLE PRESIDENT & CEO HOURS 1

ldentifier	Return Reference	Explanation				
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMETIMOTHY G MCLAUGHLIN, CFA TITLE CHIEF FINANCIAL OFFICER HOURS 1				

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT R JOHNSON, CFA TITLE MANAGING DIRECTOR HOURS 1

DLN: 93493192005202

2010

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

CFA INSTITUTE

Employer identification number Name of the organization 54-1386480

Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" o	n Form 990, Part	IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	g	
(1) CFA INSTITUTE CHINA LIMITED 1401 HUTCHISON HOUSE 10 HARCOURT RD HK 98-0615079	PROF ORG	нк	124,219	160,176	NA		
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the t		the organization a	nswered "Yes" or	n Form 990, Part I	V, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization		(c) egal domicile (state Ex or foreign country)		(e) Public charity status If section 501(c)(3))	(f) Direct controlling entity	Section 5: conti	
(A) DECEMBER FOLINDATION OF CEA INSTITUTE						Yes	No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: conti	12(b)(13 rolled	
						Yes	No	
(1) RESEARCH FOUNDATION OF CFA INSTITUTE								
PO BOX 2083	INV RESEARCH	VA	501(c)3	7	NA			
CHARLOTTESVILLE, VA 22902 54-6063408								
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50)135Y	ı	Schedule R (F	orm 990)	2010	

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (d) (e) (f) (g) (g) Primary activity Legal domicile Direct controlling Type of entity Share of total income Share of Period Share of total income Share of total income Share of total income	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of tota	al income	Share o	(g) f end-of-year assets	(h Disproj alloca	prtionate	(i) Code V- amount in be Schedule (Form 10	ox 20 of K-1	(j Gener mana partr	ral or iging	(k) Percentage ownership
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Share of total income or trust during the tax year.)										Yes	No			Yes	No	
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Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Equipment of the tax year.) (d) Direct controlling entity (c) Corp, S corp, or trust) Share of total income end-of-year assets																
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign Direct controlling Type of entity (C corp, S corp, or trust) Share of total income end-of-year ow assets	Part IV Identifi	cation of Relate	ted Orga ne or mo	anizations Tax re related organ	able as a Corpora izations treated as	ation or Tr a corporate	r ust (Co	omplete ust dur	e if the org ing the tax	anıza year	tion ar	nswered "\	es" on	Form	990,	Part IV,
	Name, address, an	(a) d EIN of related organi	ızatıon	(b) Primary activity	Legal domicile (state or foreign		Direct con	ntrolling	Type of e (C corp, S	corp,	Share of	(f) f total income	Sha end-o	re of f-year		(h) Percentage ownership

Sch	edule R (Form 990) 2010		Рa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
				L
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1p		No
	······································			\vdash
q	Other transfer of cash or property to other organization(s)	1q	Yes	\vdash
r	O ther transfer of cash or property from other organization(s)	1r	Yes	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold			
	(b)	(d)		
	(a) Name of other organization (b) Transaction type(a-r) (c) Amount involved Method of	determii	_	ount

(a) Name of other organization	(D) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) RESEARCH FOUNDATION OF CFA INSTITUTE	M,N	583,000	
(2) RESEARCH FOUNDATION OF CFA INSTITUTE	R	86,400	
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	aging tner?
			Yes	No		Yes	No		Yes	No
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010