

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



DLN: 93493193007133

Form **990**

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)

2011

OMB No 1545-0047

2011

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

Open to Public

	the 2	2011 calendar year, or tax year beginning 09-01-2011 and er	iding 08-31-20	12					
		oplicable C Name of organization CFA INSTITUTE				dentification number			
	ress cha	Doing Business As		—	54-13864 E Telephone				
_	ne chan				(434)951	-5499			
	al returr mınated	Number and street (of FO box ii filali is not delivered to street	address) Room/s	suite		ts \$ 335,255,446			
_	ended re lication	eturn City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 229022083 pending							
		F Name and address of principal officer		H(a) Is thu	s a group reti	ırn for			
		JOHN ROGERS 560 RAY C HUNT DR		affilia		┌ Yes			
		CHARLOTTESVILLE, VA 229032981		H(b) Are all	affiliates incl	uded?			
				If"No	," attach a li	st (see instructions)			
		pt status	or 527	H(c) Grou	p exemption	number 🕨			
		: • www cfainstitute org		<u> </u>					
		anization		L Year of for	mation 1986	M State of legal domicile VA			
Par		Summary							
Governance	Т	Briefly describe the organization's mission or most significant a TO LEAD THE INVESTMENT PROFESSION GLOBALLY BY PR EDUCATION, AND PROFESSIONAL EXCELLENCE FOR THE U	OMOTING TH			OF ETHICS,			
Şe	3 -	Shock this boy W. If the organization discontinued its operation	nc or disposed	of more than 2	E0/2 of its not	accets.			
		Check this box			3 3	assets 17			
Activities &		Number of independent voting members of the governing body (16			
		otal number of individuals employed in calendar year 2011 (Pa			5	1,024			
를		otal number of volunteers (estimate if necessary)			6	3,200			
٩	7 a ⊤	otal unrelated business revenue from Part VIII, column (C), lii	ne 12		7a	703,133			
	ЬN	Net unrelated business taxable income from Form 990-T, line 3	4		7b	94,539			
				Prio	r Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)			0	C			
를	9	Program service revenue (Part VIII, line 2g)	. 2	10,559,230	219,127,815				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d $$	tment income (Part VIII, column (A), lines 3, 4, and 7d)						
_	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, 12)		20,210,482	231,242,116				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1			5,290,265	6,074,649			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	O			
8	15	Salaries, other compensation, employee benefits (Part IX, col $5-10$)	umn (A), lines		62,574,607	72,945,409			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	d			
ਡੀ	b	Total fundraising expenses (Part IX, column (D), line 25) 🛌							
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24		. 1	142,479,856 148,8				
	18	Total expenses Add lines 13-17 (must equal Part IX, colum		2	210,344,728 227,84 9,865,754 3,39				
- 00	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>	+	9,865,754				
Net Assets or Fund Balances					of Current ear	End of Year			
988 88	20	Total assets (Part X, line 16)		2	91,556,743	302,753,185			
4 년	21	Total liabilities (Part X, line 26)		1	49,625,989	154,068,153			
ž2	22	Net assets or fund balances Subtract line 21 from line 20 .		1	41,930,754	148,685,032			
Par	t II	Signature Block							
	edge ar edge.	ties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (Signature of officer JOHN ROGERS PRESIDENT & CEO		er) is based on a	all information				
		Type or print name and title							
	ļ			Charle 4	(see instructions)				
Here ———Paid		Preparer's signature Date		Check if self-employed	1 '				
Here Paid Prepa	rer's	ricpalers L		self-	1 '				
Here Paid	rer's	signature Firm's name (or yours PricewaterhouseCoopers LLP		self-	(see instruction				

1 01111	330 (2011)				Page 2
Par		t of Program Service edule O contains a respons	Accomplishments e to any question in this Part I	II	
1	Briefly describe the	e organization's mission			
ANA PRO SETS PRO PRO BENI AND ITS I	LYST (CFA) AND CE GRAMS WORLDWID S VOLUNTARY, ETH FESSION THE STAT MOTING THE HIGH EFIT OF SOCIETY (WHO RESIDE IN 14 REACH INTO LOCA	ERTIFICATE IN INVESTME E, PUBLISHES RESEARCH ICS-BASED PROFESSION TED MISSION OF THE OR EST STANDARDS OF ETHE CFA INSTITUTE PURSUES 11 COUNTRIES THIS MEN L COMMUNITIES THROUGE	ENT PERFORMANCE MEASUR, CONDUCTS CERTIFICATE, AL AND PERFORMANCE-REPGANIZATION IS TO LEAD THICS, EDUCATION, AND PROFTHIS MISSION ON BEHALF 1BERSHIP INCLUDES 102,15	N THAT ADMINISTERS THE C EMENT (CIPM) CURRICULUM AND PROFESSIONAL DEVELO ORTING STANDARDS FOR TH HE INVESTMENT PROFESSION ESSIONAL EXCELLENCE FOR OF ITS MEMBERS WHO CURRE 3 CFA CHARTERHOLDERS CF BER SOCIETIES IN 59 COUNT	AND EXAMINATION PMENT PROGRAMS, AND E INVESTMENT I GLOBALLY BY THE ULTIMATE ENTLY NUMBER 111,805 TA INSTITUTE EXTENDS
2	the prior Form 990	or990-EZ?	program services during the ye		⊤Yes ▼ No
	•	nese new services on Sched			
3	Did the organization services?	n cease conducting, or make	e significant changes in how it		「Yes ✓ No
	If "Yes," describe th	nese changes on Schedule ()		
4	expenses Section !	501(c)(3) and 501(c)(4) or		three largest program services, a)(1) trusts are required to repo ach program service reported	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	EDUCATION AND EXAM AS THE BODY OF KNOW	MINATION PROGRAM COVERING TO WLEDGE AND INCLUDE ETHICAL A	OPICS ESSENTIAL TO THE INVESTMEN ND PROFESSIONAL STANDARDS, QUA	E WORLD-RENOWNED CFA PROGRAM, T DECISION-MAKING PROCESS THESE NTITATIVE METHODS, ECONOMICS, FIN NVESTMENTS, DERIVATIVES, AND POR	TOPICS FORM WHAT IS KNOWN IANCIAL STATEMENT REPORTING
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
-10	PROFESSIONAL DEVELO EDUCATIONAL CONTEN THROUGH PUBLICATIO	OPMENT THE ORGANIZATION BEL NT TO MEMBER AND NONMEMBER	IEVES STRONGLY IN LIFELONG LEARN INVESTMENT PROFESSIONALS ON TO	ING AND THEREFORE SPONSORS AND PICS RELEVANT TO THE PROFESSION ON CONFERENCES, AND THROUGH THE	THIS CONTENT IS DELIVERED
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	ISSUES OF FAIRNESS, PROFESSIONAL EXCELI	EFFICIENCY, AND INVESTOR PRO LENCE WITHIN THE INVESTMENT	TECTION IN GLOBAL CAPITAL MARKET COMMUNITY THE ORGANIZATION ALS	ISION OF CFA INSTITUTE, THE ORGANIES AND PROMOTES HIGH STANDARDS OF PROMOTES AND ENFORCES THE CFA PROTON AND CANDIDATES IN THE CANDI	ZATION IS A LEADING VOICE ON OF ETHICS, INTEGRITY, AND A INSTITUTE CODE OF ETHICS
	Other program ser	vices (Describe in Schedu	le O)		
- 44	(Expenses \$	· ·	g grants of \$) (Revenue \$)
 4е	Total program serv		· ·	, , ,	<u> </u>
	. oca. program serv	· ice expenses# p			

Part TV	Checklist of	Required	Schedules
	CHCCKHSCO	IXCUUII CU	Scriculics

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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
С	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		Νo
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? <i>If</i> "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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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? <i>If "Yes," complete Schedule F, Part II and IV</i>	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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part 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? If "Yes," complete Schedule G, Part I	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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 organizat the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	ions in 21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United St on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	ates 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 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24 complete Schedule K. If "No," go to line 25			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 a disqualified person during the year? If "Yes," complete Schedule L, Part I	n with 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pri year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E. "Yes," complete Schedule L, Part I			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	ee, or 26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantibutor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	tantial 27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, P instructions for applicable filing thresholds, conditions, and exceptions)	art IV		
a	A current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	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 an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV .	f) was 28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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," comp. Schedule N, Part II	lete 32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	ns 📆 33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III and V, line 1	7, IV, 34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13) [?] 35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within t meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	he 35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relationganization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	:ed 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	5 37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [고	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 380			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Tracteast one is reported on fine 2a, did the organization me an required lederal 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)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the	_		
_	year [?]	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 HK, UK, CH, MY, AR			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
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		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
,	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	7a		
	services provided to the payor?	71.		
	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	7e		
f	contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
y	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		
1	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	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			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
.2a	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 12b			
	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13-		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the aggregate amount of reserves on hand			
-	13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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 $\,$. $\,$. $\,$.

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
Ia	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		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
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							
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
4.0		40	Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete 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 the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did 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?		100				
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
ь		15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
	,			1			
16a	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1			
	organization's exempt status with respect to such arrangements?	16b					
	ection 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)						

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 TIM MCLAUGHLIN

560 RAY C HUNT DR CHARLOTTESVILLE, VA 229022083

(434)951-5499

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, or 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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for related organization) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for the director/trustee)	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title		(B) A verage hours per week (describe hours hours A verage A verage A position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)				(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	Additional Data Table											+		
												_		
												+		
												_		
												4		
												+		
1b	Sub-Total		<u> </u>	<u>. </u>	<u> </u>	<u> </u>		<u> </u>						
С	Total from continuation sheets	to Part VII, Sec	tion A					>						
d 	Total (add lines 1b and 1c) . Total number of individuals (inc \$100,000 of reportable competed)	luding but not lin	nited to	thos	e lıs	ted) who	o receive	10,295,756 ed more tha	n	0		945,109
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc											3	Yes	
4	For any individual listed on line organization and related organization and related organizations.											4	Yes	
5	Did any person listed on line 1a services rendered to the organi									-	or individual for •	5		No
S	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	n the organizatio												
	Na	(A) me and business ad	dress							Desci	(B) ription of services		(C Compei	
PO B	SON EDUCATION DX 409479 NTA, GA 30384									PUBLISHING			23	,328,949
AMER 200 \	ICAN EXPRESS TRAVEL RELATED SVS ÆSEY STREET YORK, NY 10285									TRAVEL			11	,194,228
DORE 200 V	MUS COMPANY /ARICK STREET YORK, NY 10014									MARKETING			10	,755,556
PBD 1 1650										DISTRIBUTIO	DN		7	,523,365
PROF	ESSIONAL EXAMINATION SERVICE									EXAM ADMIN				281 519

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►205

Form **990** (2011)

Form 99								Page 9
Part \	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
表表	1a	Federated cam	paigns 1a	ı				
죮	ь	Membership du	ıes 1b					
υğ	c	Fundraising ev	ents 1c					
£ ë	d	Related organiz	zations 1d					
<u>ي</u> ⊒`ي	e	Government grant	rs (contributions) 1e					
r Sign	f	All other contribution	ons, gifts, grants, and 1f			į		
등 로	g	sımılar amounts no Noncash contr	ibutions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f\$_						
ှင် မ	h	Total. Add line	s 1 a - 1 f		0			
				Business Code				
Program Service Revenue	2a	CANDIDATE FEES		900099	137,927,771	137,927,771		
æ	ь	EDUCATIONAL PRO	ODUCTS	611710	51,080,977	51,080,977		
93	С	MEMBERSHIP DUE	S	900099	29,415,934	29,415,934		
₹	d	ADVERTISING		541800	703,133		703,133	
2	e							
<u>ි</u> ක	f	All other progra	am service revenue					
ď	g	Total. Add line:	s 2a-2f		219,127,815			
	3		come (ıncludıng dıvıden					
		and other sımıl	aramounts)	▶ [6,551,479			6,551,479
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties .			235,244			235,244
			(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)	<u> </u>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities 108,669,935	(II) Other				
	ь	Less cost or other basis and sales expenses	104,004,510	8,820				
	С	Gain or (loss)	4,665,425	-8,820				
	d	Net gain or (los		,▶	4,656,605			4,656,605
Other Revenue	8a	events (not inc \$ of contributions	s reported on line 1c)					
Ā	ь	less director	a penses b					
₹	c		(loss) from fundraising	events ►	0			
	9a	Gross income f	from gaming activities ne 19					
	b c		penses b (loss) from gaming acti		0			
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	entory 🗠	0			
		Mıscellaneou	s Revenue	Business Code				
	11a	CHINA SERVI	CE FEES	900099	148,754	148,754		
	b	MISCELLANE	ous	900099	187,299	187,299		
	С	MAILING LIST		900099	334,920	334,920		
	d		ue					
	12		s 11a-11d	▶	670,973			
	**	iocai revenue.	See Instructions .	· · · [231,242,116	219,095,655	703,133	11,443,328

5

7

25

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

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 3,055,533 Grants and other assistance to individuals in the United States See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 3,019,116 Benefits paid to or for members Compensation of current officers, directors, trustees, and 8,511,997 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 0 described in section 4958(c)(3)(B) . . . Other salaries and wages 49,525,424 Pension plan contributions (include section 401(k) and section 4,808,026 403(b) employer contributions) Other employee benefits 6,476,117 3,623,845 10 Fees for services (non-employees) 11 Management 2,612,006 Legal 1,725,482 191,844 Lobbying Professional fundraising See Part IV, line 17 . . 0 Investment management fees 0 2,224,996 g Other 15,038,556 12 Advertising and promotion . . . Office expenses 21,104,995 13 Information technology 7,969,597 14 15 Royalties . . 1,813 16 5,783,852 24,196,785 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 0 4,605,425 19 Conferences, conventions, and meetings 20 0 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 6,941,090 23 1,716,202 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **EXAM ADMINISTRATION EXPENSES** 26,862,528 PRODUCT MERCHANDISE COSTS 22,029,342

Pa	rt X	Balance Sheet									
					(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing			7,121,947	1	3,864,002				
	2	Savings and temporary cash investments		32,362,055	2	35,342,563					
	3	Pledges and grants receivable, net	grants receivable, net								
	4	Accounts receivable, net			1,019,005	4	1,369,024				
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and								
		Schedule L	0	5	0						
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of	1 4958(f)(1)) and								
76		Schedule L			0	6	0				
Assets	7	Notes and loans receivable, net			0	7	0				
8	8	Inventories for sale or use			10,448,836	8	4,339,120				
⋖	9	Prepaid expenses and deferred charges			7,189,724	9	10,297,405				
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	25,959,323							
	b	Less accumulated depreciation	10b	18,712,979	8,231,064	10 c	7,246,344				
	11	Investments—publicly traded securities			215,962,722	11	230,524,587				
	12	Investments—other securities See Part IV, line 11	•	0	12	0					
	13	Investments—program-related See Part IV, line 11	0	13	0						
	14	Intangible assets			6,719,882	14	6,924,287				
	15	Other assets See Part IV, line 11			2,501,508	15	2,845,853				
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			291,556,743	16	302,753,185				
	17	Accounts payable and accrued expenses .			29,120,382	17	27,618,113				
	18	Grants payable	0	18	0						
	19	Deferred revenue	118,442,600	19	124,217,027						
	20	Tax-exempt bond liabilities	0	20	0						
	21	Escrow or custodial account liability Complete Part IV of Schedu	0	21	0						
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
죭		persons Complete Part II of Schedule L			o	22	0				
Ï	23	Secured mortgages and notes payable to unrelated third parties			0	23	0				
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0				
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	ed thu	rd parties,							
		D			2,063,007	25	2,233,013				
	26	Total liabilities. Add lines 17 through 25			149,625,989	26	154,068,153				
Balances		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	olete I	ines 27							
an	27	Unrestricted net assets			141,930,754	27	148,685,032				
8	28	Temporarily restricted net assets		0	28	0					
돧	29	Permanently restricted net assets		0	29	0					
r Fund		Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34.	nd com	nplete							
9	30	Capital stock or trust principal, or current funds				30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
55	32	Retained earnings, endowment, accumulated income, or other fu		•		32					
₩ ₩	33	Total net assets or fund balances			141,930,754	33	148,685,032				
Net	34	Total liabilities and net assets/fund balances			· · · · ·		302,753,185				
	J-4	i otal navinties and het assets/fulla valances			291,556,743	34	302,733,185				

1-(-)	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		221 2	242,116
2	Total expenses (must equal Part IX, column (A), line 25)	2			344,778
3	Revenue less expenses Subtract line 2 from line 1	3		3,3	397,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		141,9	30,754
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,3	356,940
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		148,6	85,032
Pai	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
		ı		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?	e	3a		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		

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

OMB No 1545-0047

DLN: 93493193007133

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 th	_	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Par	t V, line 46 (Polit	ical Ca	am pa	ign Activit	ies),
• Se	ction 501(c)(3) organizations Coi	mplete Parts I-A and B Do not complete	e Part I-C					
	. , . ,	01(c)(3)) organizations Complete Part		Do not complete F	art I-B			
	ction 527 organizations Complete			•				
	_	s," to Form 990, Part IV, Line 4, or					•	า
		have filed Form 5768 (election under						
	, ,, ,	have NOT filed Form 5768 (election ur	,	• •			•	II-A
	_	s," to Form 990, Part IV, Line 5 (Pro	oxy lax) or Form	990-E∠, line 35c	(Prox	y rax	, then	
	ction 501(c)(4), (5), or (6) organiz me of the organization	zations Complete Part III		Employ	or ide	ntifica	ation numbe	
CF	NINSTITUTE			Lilipioy	CI IGC	IICIIIC	icion nambe	-1
				54-138				
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a sectio	n 52	7 org	ganizatio	<u>n</u>
1	Provide a description of the orgin opposition to candidates for	ganization's direct and indirect politic public office in Part IV	al campaign activ	ities on behalf of c	r			
2	Political expenditures				-	\$		
3	Volunteer hours							
Par	Complete if the ore	ganization is exempt under s	section 501(c)	(3).				
1		tax incurred by the organization und		X = / =	►	\$		
2	Enter the amount of any excise	tax incurred by organization manage	ers under section 4	1955	•	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?				┌ Yes	┌ No
4a	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c)	except section	n 50	1(c)	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exempt	function activities	F	\$		
2		rganızatıon's funds contrıbuted to oth	ner organızatıons f	or section 527				
	exempt funtion activities				-	\$ <u>_</u>		
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	►	\$		
4	Did the filing organization file F	orm 1120-POL for this year?					┌ Yes	┌ No
5	organization made payments F amount of political contribution	nd employer identification number (EI For each organization listed, enter the is received that were promptly and di political action committee (PAC) If a	amount paid from rectly delivered to	the filing organiza a separate politic	atıon's :al org	funds anızat	Also ente Ion, such a	r the
	(-) N	(L) A dd	(-) EIN			(6	A mount o	fnolitical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Privacy Act and Paperwork Reduction	l on Act Notice, see the instructions for Fo	or m 990. Ca	I at No 50084S Schedule C (F	orm 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	•		
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)).		

	(election under section 501(h)).			
		(a	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī	
Par	t IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c	(5), o	r section

			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 answered "Yes".

Dues, assessments and similar amounts from members	1	29,415,934
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).		
Current year	2a	191,844
Carryover from last year	2b	
Total	2c	191,844
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 notifical expenditure next year?	4	0
·		191.844
	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

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 11 Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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

DLN: 93493193007133

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

ntema	l Revenue Service	► Attach to F	orm 990. ► See separate instructions.	Inspection
Name of the organiz		zation		Employer identification number
CFA	A INSTITUTE			54-1386480
Pa	rt I Organi	izations Maintaining Donor A	dvised Funds or Other Similar Fu	
		ation answered "Yes" to Form 99	90, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at			
2		ributions to (during year)		
3		ts from (during year)		
4	Aggregate value	,		
5			isors in writing that the assets held in done organization's exclusive legal control?	or advised Yes No
6			donor advisors in writing that grant funds nefit of the donor or donor advisor, or for an	
		ermissible private benefit	ient of the donor of donor advisor, or for an	Yes No
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of c	onservation easements held by the o	rganization (check all that apply)	
	<u> </u>	on of land for public use (e g , recreat		historically importantly land area
	Protection	of natural habitat	Preservation of a c	ertified historic structure
	☐ Preservation	on of open space		
2		2a-2d if the organization held a qual ne last day of the tax year	ified conservation contribution in the form	of a conservation
		,		Held at the End of the Year
а	Total number o	f conservation easements		2a
b	Total acreage r	restricted by conservation easements	;	2b
c	Number of cons	servation easements on a certified his	storic structure included in (a)	2c
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d
3	Number of cons	servation easements modified, transfe	- erred, released, extinguished, or terminate	d by the organization during
	the taxable yea	ar ⊧		
4	Number of state	es where property subject to conserv	ation easement is located ►	
5			g the periodic monitoring, inspection, hand	— ling of violations, and
_		the conservation easements it holds		☐ Yes ☐ No
6	Staff and volunt	teer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the year 🛌
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
•	► \$			
8		servation easement reported on line 2) and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion Yes No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial	
Par			ons of Art, Historical Treasures, o	or Other Similar Assets
			"Yes" to Form 990, Part IV, line 8.	
1a	art, historical ti	reasures, or other similar assets held	5 116, not to report in its revenue stateme I for public exhibition, education or researc nancial statements that describes these it	h ın furtherance of public service,
b	historical treas		S 116, to report in its revenue statement a public exhibition, education, or research ir s	
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets incl	uded in Form 990, Part X		▶ \$
2		•	orical treasures, or other similar assets fo	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	IIII Organizations Maintaining Co	<u>llections of Art</u>	t, His	tori	<u>cal Trea</u>	sure	es, or Othe	<u>er Similar A</u>	<u>ssets</u>	(continue
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	t are a	a significant i	use of its colle	ction	
а	Public exhibition		d	Γ	Loan or	excha	nge programs	5		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ further t	he org	janization's e	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	┌ Ye	s ΓNe
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered "\	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontributio	ns or	other assets	not	┌ Ye	s N
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able			1 .	mount	
_	Damming halance						10	 	mount	
c d	Additions during the year						1c 1d			
e	Additions during the year Distributions during the year						10 1e			
f	- <i>'</i>						1f			
' 2a	Ending balance Did the organization include an amount on Fo	orm 000 Dar+ V I	A 212	ı					Ye	s ΓN
	-	•	6 21,						1 16	:5 140
b Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete				d "Voc"	to Fo	rm 000 Da	rt IV lung 10		
Pell	Elidowillent Funds. Complete	(a)Current Year)Prior \				Three Years Back		ur Years Ba
1a	Beginning of year balance		<u></u>	-	,	•				
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 🕨									
С	Term endowment ▶									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	ire held ai	nd adr	ministered for	the	\[\frac{1}{2}\]	'es No
	(i) unrelated organizations							3	ı(i)	
	(ii) related organizations								(ii)	
	If "Yes" to 3a(II), are the related organizatio	•				•		[]	Bb	
4	Describe in Part XIV the intended uses of th									
Par	VI Land, Buildings, and Equipme	nt. See Form 99	10, Pa	T				T		
	Description of property				Cost or oth s (investme		b) Cost or other basıs (other)	(c) Accumulate depreciation		i) Book valu
	and								\perp	
b E	Buildings		•						\perp	
c L	easehold improvements						7,528,473	5,751,	912	1,776,5
				1			47 520 740	12,961,	367 l	4 550 4
d E	equipment		•				17,520,719	12,901,	J67	4,559,6
e (Other	<u> </u>					910,131		J67	910,1 7,246,3

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(B)Book Talac	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+		
		12	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
	_		
DEFERRED RENT	709,954		
DEFERRED COMPENSATION	1,523,059		
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,233,013		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	231,242,116
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	227,844,778
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,397,338
4	Net unrealized gains (losses) on investments	4	3,356,940
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	3,356,940
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,754,278
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	234,607,876
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	3,356,940
3	Subtract line 2e from line 1	3	231,250,936
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)		
С	Add lines 4a and 4b	4c	-8,820
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	231,242,116
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	227,853,598
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		
С	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	8,820
3	Subtract line 2e from line 1	3	227,844,778
4	Amounts 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	227,844,778
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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 (\$8,820)
SCHEDULE D, PART XIII, LINE 2D		LOSS ON DISPOSAL OF ASSETS \$8,820

DLN: 93493193007133

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FΑ	INSTITUTE				54-1386480	
Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C		ation answered
	For grantmakers. Does the assistance, the grantees' elithe grants or assistance?	organization m gibility for the	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	e 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	6				43,785,605 93,567

c Totals (add lines 3a and 3b)

43,879,172

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

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)
					1		
		+			†		
		+			+		
		+ +			+		
'	 	+ +	<u> </u>	-	+		+
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	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	굣	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)	Г	Yes	┍	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	r	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).	<u>তি</u>	Yes	Г	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

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 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

Form 990 Schedule F P	art 1 - Activit	ies Outside i	ne United 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			Program Services	MEMBER & EXAM SUPPORT	16,596
North America			Program Services	MEMBER & EXAM SUPPORT	1,267,443
Russia and the Newly Independent States			Program Services	MEMBER & EXAM SUPPORT	4,813
East Asia and the Pacific	4	30	Program Services	MEMBER & EXAM SUPPORT	20,464,046
Europe (Including Iceland and Greenland)	2	40	Program Services	MEMBER & EXAM SUPPORT	15,996,284
Middle East and North Africa			Program Services	MEMBER & EXAM SUPPORT	525,008
South America			Program Services	MEMBER & EXAM SUPPORT	516,976
South Asia			Program Services	MEMBER & EXAM SUPPORT	1,904,618
Sub-Saharan Africa			Program Services	MEMBER & EXAM SUPPORT	164,281
Central America and the Caribbean	0	0	Grantmakıng	N/A	67,888
East Asia and the Pacific	0	0	Grantmakıng	N/A	579,692
Europe (Including Iceland and Greenland)	0		Grantmaking	N/A	1,026,624
Middle East and North Africa	0		Grantmaking	N/A	129,443
North America	0		Grantmakıng	N/A	572,175
Russia and the Newly Independent States	0		Grantmaking	N/A	289,839
South America	0		Grantmakıng	N/A	46,537
South Asia	0		Grantmakıng	N/A	213,342
Sub-Saharan Africa	0		Grantmakıng	N/A	93,567

(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)
		Cent A merica/Caribbean	GEN SUPPORT	11,962	WIRE/CHECK		N/A	N/A
		Cent A merica/Caribbean	GEN SUPPORT	12,344	WIRE/CHECK		N/A	N/A
		Cent A merica/Caribbean	GEN SUPPORT	16,514	WIRE/CHECK		N/A	N/A

(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)
		Cent A merica/Caribbean	GEN SUPPORT	12,535	WIRE/CHECK		N/A	N/A
		Cent A merica/Caribbean	GEN SUPPORT	14,534	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	15,545	WIRE/CHECK		N/A	N/A

(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)
		East Asıa/Pacıfıc	GEN SUPPORT	40,156	WIRE/CHECK		N/A	N/A
		East Asıa/Pacıfıc	GEN SUPPORT	27,139	WIRE/CHECK		N/A	N/A
		East Asıa/Pacıfıc	GEN SUPPORT	21,514	WIRE/CHECK		N/A	N/A

(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)
		East Asıa/Pacıfıc	GEN SUPPORT	36,027	WIRE/CHECK		N/A	N/A
		East Asıa/Pacıfıc	GEN SUPPORT	22,293	WIRE/CHECK		N/A	N/A
		East Asıa/Pacıfic	GEN SUPPORT	56,206	WIRE/CHECK		N/A	N/A

(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)
			GEN SUPPORT	146,916	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	10,348	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	56,514	WIRE/CHECK		N/A	N/A

(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)
			GEN SUPPORT	5,157	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	47,413	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	84,464	WIRE/CHECK		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	I	(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)
			GEN SUPPORT	10,000	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	15,302	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	25,518	WIRE/CHECK		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	I	(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)
		Europe/Iceland/Greenland	GEN SUPPORT	26,604	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	29,918	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	28,076	WIRE/CHECK		N/A	N/A

(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)
		Europe/Iceland/Greenland	GEN SUPPORT	27,753	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	22,027	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	27,441	WIRE/CHECK		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	I	(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)
		Europe/Iceland/Greenland	GEN SUPPORT	22,561	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	17,399	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	17,594	WIRE/CHECK		N/A	N/A

(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)
		Europe/Iceland/Greenland	GEN SUPPORT	249,250	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	19,597	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	17,857	WIRE/CHECK		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	I	(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)
		Europe/Iceland/Greenland	GEN SUPPORT	64,684	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	14,581	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	26,461	WIRE/CHECK		N/A	N/A

(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)
		Europe/Iceland/Greenland	GEN SUPPORT	14,547	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	19,689	WIRE/CHECK		N/A	N/A
		Europe/Iceland/Greenland	GEN SUPPORT	175,908	WIRE/CHECK		N/A	N/A

(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)
		Europe/Iceland/Greenland	GEN SUPPORT	163,859	WIRE/CHECK		N/A	N/A
		,	GEN SUPPORT	14,606	WIRE/CHECK		N/A	N/A
		,	GEN SUPPORT	12,392	WIRE/CHECK		N/A	N/A

(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)
		Mıddle East/North Afrıca	GEN SUPPORT	5,632	WIRE/CHECK		N/A	N/A
		Mıddle East/North Afrıca	GEN SUPPORT	16,935	WIRE/CHECK		N/A	N/A
		Mıddle East/North Afrıca	GEN SUPPORT	20,526	WIRE/CHECK		N/A	N/A

(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 valuation (book, FMV, appraisal, other)
			GEN SUPPORT	12,808	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	27,005	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	19,539	WIRE/CHECK		N/A	N/A

(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)
		North America	GEN SUPPORT	19,897	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	44,516	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	29,821	WIRE/CHECK		N/A	N/A

(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)
		North America	GEN SUPPORT	22,691	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	14,668	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	15,587	WIRE/CHECK		N/A	N/A

(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		(i) Method of valuation (book, FMV, appraisal, other)
		North America	GEN SUPPORT	74,992	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	13,141	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	16,165	WIRE/CHECK		N/A	N/A

(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)
		North America	GEN SUPPORT	64,543	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	10,982	WIRE/CHECK		N/A	N/A
		North America	GEN SUPPORT	20,123	WIRE/CHECK		N/A	N/A

(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)
			GEN SUPPORT	225,049	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	272,386	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	17,453	WIRE/CHECK		N/A	N/A

(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)
			GEN SUPPORT	19,597	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	26,940	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	19,762	WIRE/CHECK		N/A	N/A

(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)
			GEN SUPPORT	13,243	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	125,000	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	55,338	WIRE/CHECK		N/A	N/A

(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)
		Sub-Saharan Afrıca	GEN SUPPORT	41,660	WIRE/CHECK		N/A	N/A
			GEN SUPPORT	51,907	WIRE/CHECK		N/A	N/A

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

Employer identification number

DLN: 93493193007133 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

CFA INSTITUTE 54-1386480 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(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 Su	ipplemental Information. Compl	lete this part to provide the information required in Part I, line 2, and any other additional information.	
Identifier	Return Reference	Explanation	
SCHEDULE I, PAF	RT I,	INDIVIDUAL GRANT PAYMENTS ARE MONITORED AND TRACKED BY CFA INSTITUTE STAFF GRANT RECIPIENTS	

Schedule I (Form 990) 2011

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
CFA SOCIETY OF Tuscon1820 E River Rd Tuscon, AZ 85714	27- 0863018		11,935		N/A	N/A	GEN SUPPORT
CFA Society of Mississippi1018 Highlnd Colny Pkwy Ridgeland, MS 39157	64- 0716591		12,044		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 Street Suite 800 Dayton,OH 45402	0659612		12,044		N/A	N/A	GEN SUPPORT
CFA SOCIETY OF SOUTH CAROLINA 2711 Middleburg Dr Columbia, SC 29204	57-		12,208		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 New MexicoPO Box 36947 Albuquerque, NM 87176	85- 0454738		12,426		N/A	N/A	GEN SUPPORT
CFA Society of Arkansas11 Center St Litte Rock, AR 72201	58- 2055805		12,535		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 Society PO Box 258 Bar Harbor, ME 04609	04- 3547791		12,998		N/A	N/A	GEN SUPPORT
CFA Society of East Tennessee1301 Cowart Street Suite 131 Chattanooga,TN 37402	58- 5301049		13,162		N/A	N/A	GEN SUPPORT

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		ıf applicable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
CFA Society of Idaho7661 W Riverside Dr 105 OPEN,ID 83714	04- 3704521		13,489		N/A	N/A	GEN SUPPORT
CFA Society of Buffalo IncPO Box 539 Buffalo,NY 14205	20- 5170662		13,535		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 Louisiana228 St Charles Ave New Orleans, LA 70130	72- 0947195		14,507		N/A	N/A	GEN SUPPORT
The Providence Society of Financial Analysts 200 Seaport Blvd 32N Boston, MA 02210	7069442		14,534		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		14,574		N/A	N/A	GEN SUPPORT
CFA Society of OrlandoPO BOX 2783 Orlando,FL 32802	59- 3213363		14,623		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 Jacksonville1579 The Greens Way Ste 20 Jacksonville Beach, FL 32250	59- 1606008		14,637		N/A	N/A	GEN SUPPORT
CFA Society of Sacramento915 L St Ste C-252 Sacramento, CA 95814	94- 3315268		15,302		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 Antonio12526 La Aventura St San Antonio, TX 78233	74- 1660459		15,388		N/A	N/A	GEN SUPPORT
CFA Society of Nebraska IncPO Box 80685 Lincoln, NE 68501	47- 0667513		16,030		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 MiamiPO Box 960901 Miami,FL 33296	61- 1572381		16,649		N/A	N/A	GEN SUPPORT
CFA Society of Nevada2251 S Ft Apadie Rd Las Vegas, NV 89117	20- 0195946		17,235		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		17,290		N/A	N/A	GEN SUPPORT
CFA Society of Indianapolis IncPO Box 90232 Indianapolis,IN 46290	23- 7119206		17,507		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 West Michigan Society134 N Lasalle St Kalamazoo, MI 49009	38- 0892650		19,325		N/A	N/A	GEN SUPPORT
CFA Society of Naples11094 Rvr Trent Ct Lehigh Acres,FL 33971	59- 3405436		19,525		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 Salt Lake150 Social Hall Salt Lake City, UT 84145	61- 1526448		19,757		N/A	N/A	GEN SUPPORT
CFA Society of Alabama100 Office Park Dr Birmingham, AL 35223	63- 1064381		20,005		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		20,044		N/A	N/A	GEN SUPPORT
CFA Society of Nashville7003 Chadwick Dr 350 Brentwood,TN 37027	62- 1181717		20,146		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 Rochester2 Berrywood Circle Pennfield, NY 14526	16- 0977751		20,766		N/A	N/A	GEN SUPPORT
CFA Society of Madison1241 John Q Hammons Dr Madison, WI 53717	39- 1929703		20,842		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 Memphis5118 Park Ave Memphis,TN 38117	62- 1636928		20,896		N/A	N/A	GEN SUPPORT
Phoenix CFA Society16435 N Scottsdale Rd Scottsdale, AZ 85254	86- 0469879		21,698		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 Florida8602 Tourmaline Blvd Boynton Bch, FL 33437	30- 0325375		21,791		N/A	N/A	GEN SUPPORT
CFA Society of Louisville1802 Crossgate Lane Louisville, KY 40222	61- 1333979		21,837		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 ColumbusPO Box 25 Blacklick, OH 43004	31- 1393658		22,327		N/A	N/A	GEN SUPPORT
Vermont CFA Society110 Main St Burlington, VT 05401	04- 3374500		23,080		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
Stamford CFA Society6 Oliver St S Norwalk, CT 06854	06- 1513527		24,586		N/A	N/A	GEN SUPPORT
CFA Society of AustinPO Box 1467 Austin,TX 78767	72- 1621543		26,165		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 Tampa Bay 12157 W Linebaugh Ave Tampa,FL 33626	51- 0669210		26,619		N/A	N/A	GEN SUPPORT
Baltimore CFA Society575 S Charles St Baltimore, MD 21201	52- 0895933		26,662		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 PortlandPO Box 434 Portland, OR 79207	23- 7358083		27,098		N/A	N/A	GEN SUPPORT
CFA Society of Cincinnati INC 4010 Exec Park Dr CincinnatI, OH 45241	23- 7094427		27,248		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 DiegoPO Box 928456 San Diego, CA 92192	23- 7069278		27,289		N/A	N/A	GEN SUPPORT
CFA Society of Orange County 4533 MacArthur Blvd Newport Beach, CA 92660	33- 0228558		27,298		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 PITTSBURGHPO Box 1212 Pittsburgh, PA 15230	25- 1421153		27,549		N/A	N/A	GEN SUPPORT
Kansas City CFA Society330 Wenneker Dr St Louis, MO 63124	82- 0560661		27,599		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 Cleveland3637 Medina Rd Medina, OH 44256	23- 7065462		27,842		N/A	N/A	GEN SUPPORT
CFA Society of Milwaukee Inc100 East Wisconcin Ave Milwaukee, WI 53202	23- 7072850		31,300		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
Hartford CFA SocietyPO Box 182 North Grandy, CT 06060	06- 0964607		31,321		N/A	N/A	GEN SUPPORT
CFA Society of Iowa Inc711 High St Des Moines,IA 53092	42- 1152989		34,191		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		35,106		N/A	N/A	GEN SUPPORT
CFA Society of Colorado6957 Lakeview St Littleton, CO 80120	84- 0585027		38,968		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 Society3004 Exbow Ct Raleigh, NC 27613	56- 1824044		39,443		N/A	N/A	GEN SUPPORT
CFA Society of Seattle18221- 102nd Avenue NE Bothell, WA 98011	91- 1164972		39,494		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 St Louis 330 Wenneker Dr St Louis, MO 63124	43- 6031785		40,876		N/A	N/A	GEN SUPPORT
CFA Society of DallasFort Worth PO Box 8205116 Dallas.TX 75382	23- 7078748		42,237		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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFA Society of Houston10401 Westoffice Drive Houston,TX 77042	23- 7004744		46,259		other) N/A	N/A	GEN SUPPORT
CFA Society of Detroit35464 Jeffers Ct Harrison Twnshp, MI 48045	38- 6087152		47,413		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 Atlanta248 Creekstone Ridge Woodstock, GA 30188	58- 1105110		49,070		N/A	N/A	GEN SUPPORT
CFA Society of Los Angeles350 S Grand Ave Los Angeles, CA 90071	95- 6069970		58,683		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 Minnesota1300 Rand Tower Minneapolis, MN 55402	41- 1861989		60,663		N/A	N/A	GEN SUPPORT
CFA Society of Philadelphia100 North 20 St Philadelphia, PA 19103	23- 6395738		62,117		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 DC 1620 Eye St NW Washington, DC 20006	23- 7360649	1	76,232		N/A	N/A	GEN SUPPORT
CFA Society of San Francisco300 Montgomery St San Francisco, CA 94104	94- 6078576		85,399		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
Boston Security Analysts Society 260 Franklin St Ste 1540 Boston, MA 02110	23- 7069432		118,803		N/A	N/A	GEN SUPPORT
CFA Society of Chicago134 N Lasalle St Chicago, IL 60602	36- 2595074		122,866		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 Analysts 1540 Brdway Ste 1010 New York, NY 10036	13- 5610350	501(C)(3)	155,622		N/A	N/A	GEN SUPPORT
Harvard Law School 1033 Mass Ave 2nd Fl Cambridge, MA 02163	04- 2103580	501(c)(3)	10,000		N/A	N/A	GEN SUPPORT

DLN: 93493193007133

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Na	ion nur	mber		
CFF	A INSTITUTE 54-1386480			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate 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			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	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 compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant 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?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 in 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)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

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		ALAN M MEDER \$963 RELATES TO 2 FOR 1 COMPANION TICKET(S) IN ACCORDANCE WITH CFA INSTITUTE POLICY AVAILABLE TO ALL GOVERNORS AND EMPLOYEES, THE VALUE OF WHICH IS INCLUDED IN TAXABLE INCOME
SCHEDULE J, PART I, LINE		SEVERANCE PAYMENT WAS MADE AS FOLLOWS MICHAEL DALTON, \$195,000, ROBERT JOHNSON \$474,500

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 54-1386480
Name: CFA INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JOHN ROGERS CFA	(I) (II)	593,450 0	693,707 0	4,142 0	69,400 0	16,816 0		40,000 0	
ROBERT R JOHNSONCFA	(I) (II)	360,492 0	450,286 0	547,192 0	29,400 0	17,162 0	1,404,532 0	30,000 0	
TIMOTHY G MCLAUGHLIN CFA	(I) (II)	320,700 0	243,080 0	5,790 0	51,716 0	16,726 0	638,012	20,488 0	
ASHVIN P VIBHAKAR CFA	(I) (II)	319,888 0	212,956 0	314,942 0	51,374 0	12,534 0		20,000	
ELAINE CHENG	(I) (II)	197,530 0	52,471 0	93,987 0	19,792 0	11,809 0	l e	0	
	(I) (II)	233,224 0	131,378 0	3,665 0	37,546 0	12,330 0	418,143 0	3,567 0	
JAN R SQUIRES CFA	(I) (II)	356,674 0	277,499 0	10,502	54,121 0	13,158 0		23,544	
CAROL J ANDERSON	(I) (II)	277,333 0	162,243 0	4,049 0	50,067 0	15,695 0	509,387 0	15,334 0	
KURT N SCHACHT CFA	(I) (II)	355,800 0	230,481	6,445 0	54,121 0	17,123 0	663,970 0	24,000	
NITIN MEHTA CFA	(I) (II)	308,755 0	160,536 0	5,842 0	18,818 0	10,009		18,522	
RAYMOND J DEANGELO	(I) (II)	359,926 0	270,417 0	8,574 0	54,120 0	7,446 0		24,000	
THOMAS ROBINSON CFA	(I) (II)	347,222 0	246,977 0	4,917 0	54,067 0	12,942 0	666,125 0	21,666 0	
DAVID DEATON	(I) (II)	112,270 0	11,675 0	220,990	13,947 0	15,665 0		0	
PETER B MACKEY CFA	(I) (II)	291,455 0	89,687 0	8,004 0	29,401 0	12,410 0	l e	0	
	(I) (II)	183,684 0	59,905 0	111,727 0	27,846 0	15,816 0	398,978 0	0	
SANDRA PETERS	(I) (II)	276,461 0	82,598 0	3,312 0	29,400 0	12,042		0	
STEPHEN M HORAN CFA	(I) (II)	266,600 0	97,028 0	5,878 0	29,406 0	16,250 0	415,162 0	0	
MICHAEL K DALTON	(I) (II)	0	0	195,000 0	0	6,840 0	l e	0	

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization CFA INSTITUTE

Employer identification number

54-1386480

ldentifier	Return Reference	Explanation
PART III, LINE 4D, OTHER PROGRAM SERVICES		CFA INSTITUTE ALSO DEVELOPS A VARIETY OF PROGRAMS AND 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 AREA OF PERFORMANCE MEASUREMENT, CAREER DEVELOPMENT SERVICES, AND OTHER NETWORKING-TYPE SERVICES DESIGNED TO FACILITATE DISCUSSION AND CAMARADERIE AMONG MEMBERS
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
PART VI, LINE 11B		FORM 990 IS PRESENTED TO THE AUDIT AND RISK COMMITTEE AND DISCUSSED IN DETAIL IN ADDITION, COPIES ARE PROVIDED TO EACH OF THE BOARD OF GOVERNORS THESE PRESENTATIONS TAKE PLACE PRIOR TO FILING
PART VI, LINE 12C		THE CONFLICT OF INTEREST STATEMENTS ARE COLLECTED ANNUALLY STAFF DISCLOSURES MAY BE DIRECTED TO ANY MEMBER OF THE LEGAL SERVICES GROUP, 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 LEGAL SERVICES GROUP 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
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.
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
PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	NET UNREALIZED GAINS ON INVESTMENTS \$3,356,940
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN ROGERS, CFA TITLE PRESIDENT & CEO HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMETIMOTHY G MCLAUGHLIN, CFA TITLE CHIEF FINANCIAL OFFICER HOURS 1

DLN: 93493193007133

Employer identification number

SCHEDULE R (Form 990)

CFA INSTITUTE

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.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

				54-138	6480			
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes"	' on 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			
(1) CFA INSTITUTE CHINA LIMITED 1401 HUTCHISON HOUSE 10 HARCOURT RD HK 98-0615079	PROF ORG	нк	159,618	164,953	CFA IN	sтп∪т		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organızatıon	answered "Ye	s" on Form 990	, Part	: IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Exempt Code section		(e) On Public charity s (if section 501(d	tatus c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization	
							Yes	No
(1) RESEARCH FOUNDATION OF CFA INSTITUTE								
PO BOX 2083	INV RESEARCH	VA	501(C)3		7	CFA INSTITUT	Yes	
CHARLOTTESVILLE, VA 22902 54-6063408								
							Ī	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructi	ons for Form 990.	Cat No 50)135Y			Schedule R (I	orm 990	2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

, ,	foreign	, i	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets				General or		(k) Percentage ownership
						Yes	No		Yes	No	
R/E LEASING	VA	COH INC	UNRELATED	0	0		No		Yes		100 000 %
R/E LEASING	VA	COH INC	UNRELATED	0	0		No		Yes		100 000 %
	Primary activity	(b) Primary activity Primary activity (state or foreign country) R/E LEASING VA	Primary activity Legal domicile (state or foreign country) Primary activity COH INC	Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) COH INC COH INC	Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income (related, unrelated, excluded from tax under sections 512-514) COH INC	Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income (related, unrelated, excluded from tax under sections 512-514) O O O COH INC	Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes COH INC COH INC	Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, unrelated, excluded from tax under sections 512-514)	(b) Column (b) Column (c) Column (c)	(b) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) (b) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) (t) (T) (Share of total income allocations? Share of end-of-year assets (Form 1065) Yes (COde V—UBI amount in box 20 of Schedule K-1 (Form 1065) Yes (Form 1065) (Form 1065) (Form 1065) (Form 1065)	(b) Primary activity Legal domicile (state or foreign country) VA COH INC Coh

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

inc 31 because it had one of more related organizations treated as a corporation of trust daring the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership					
(1) CVILLE OPERATIONS HOLDINGS INC PO BOX 2083 CHARLOTTESVILLE, VA 22902 45-5449709	REAL ESTATE	VA	CFA INSTITUTE	C CORP	0	0	100 000 %					

Schedule R (Form 990) 2011		Ρa	age .
Part V 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	N
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?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		N
d Loans or loan guarantees to or for related organization(s)	1d		N
e Loans or loan guarantees by related organization(s)	1 e		N
f Sale of assets to related organization(s)	1f		N
g Purchase of assets from related organization(s)	1 g		N
h Exchange of assets with related organization(s)	1h		N
i Lease of facilities, equipment, or other assets to related organization(s)	1i		N
j Lease of facilities, equipment, or other assets from related organization(s)	1j	 	N
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		N
l Performance of services or membership or fundraising solicitations by related organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
• Reimbursement paid to related organization(s) for expenses	10		N
p Reimbursement paid by related organization(s) for expenses	1р		N
			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
q O ther transfer of cash or property to related organization(s)	1q		_
r Other transfer of cash or property from related organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(d) Method of determining amount involved HISTORICAL COST
HISTORICAL COST
HISTORICAL COST
HI

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	partners section total income assets 501(c)(3) ganizations?		partners Share of end-of-year amount section total income assets 20 of Sche		(h) Disproprtionate allocations?		Osproprtionate allocations? Code V—UBI amount in box 20 of Schedule K-1 pa (Form 1065)		j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No		

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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	Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week		that		y)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former					
DANIEL S MEADER CFA CHAIRMAN OF THE BOARD	1 0	Х		х				0	0	0		
ALAN M MEDER CFA CPA VICE CHAIR OF THE BOARD	1 0	Х		Х				963	0	0		
MARGARET E FRANKLIN CFA IMMEDIATE PAST CHAIR	1 0	Х		х				0	0	0		
CHARLES J YANG CFA AUDIT & RISK COMMITTEE CHAIR	1 0	Х						0	0	0		
AARON LOW CFA EXT REL & VOL INVOLVMNT CHAIR	1 0	Х						0	0	0		
ATTILA KOKSAL CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0		
BETH HAMILTON-KEEN CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0		
FREDERIC P LEBEL CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0		
GIUSEPPE BALLOCCHI CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0		
JAMES G JONES CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0		
JANE SHAO CFA MEMBER, BOARD OF GOVERNORS	1 0	X						0	0	0		
JEFFREY D LORENZEN CFA MEMBER, BOARD OF GOVERNORS	1 0	Х						0	0	0		
MATTHEW H SCANLAN 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		
JOHN ROGERS CFA PRESIDENT & CEO	40 0	Х		х				1,291,299	0	86,216		
MARK ANSON CFA MEMBER, BOG (EXITED 12/2011)	1 0	Х						0	0	0		
JO SEPH P LANGE CORPORATE SECRETARY	40 0			х				105,447	0	27,794		
TIMOTHY G MCLAUGHLIN CFA CHIEF FINANCIAL OFFICER	40 0			х				569,570	0	68,442		
ROBERT R JOHNSONCFA MANAGING DIR (EXITED 10/2011)	40 0				х			1,357,970	0	46,562		
ASHVIN P VIBHAKAR CFA MANAGING DIRECTOR	40 0				х			847,786	0	63,908		
ELAINE CHENG MANAGING DIRECTOR	40 0				х			343,988	0	31,601		
DONNA MARSHALL MANAGING DIRECTOR	40 0				х			368,267	0	49,876		
JAN R SQUIRES CFA MANAGING DIRECTOR	40 0				х			644,675	0	67,279		

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

(A) Name and Title	(B) Average hours per week		(tion that a			II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
CAROL J ANDERSON GENERAL COUNSEL	40 0				х			443,625	0	65,762
KURT N SCHACHT CFA MANAGING DIRECTOR	40 0				х			592,726	0	71,244
NITIN MEHTA CFA MANAGING DIRECTOR	40 0				х			475,133	0	28,827
RAYMOND J DEANGELO MANAGING DIRECTOR	40 0				х			638,917	0	61,566
THOMAS ROBINSON CFA MANAGING DIRECTOR	40 0				х			599,116	0	67,009
DAVID DEATON DIR STRATEGY OPERATIONS	40 0					Х		344,935	0	29,612
PETER B MACKEY CFA HEAD CFA EXAMINATIONS	40 0					Х		389,146	0	41,811
RAHUL KESHAP DIR STRATEGY OPERATIONS	40 0					Х		355,316	0	43,662
SANDRA PETERS HEAD PROFESSIONAL EDUCATION	40 0					Х		362,371	0	41,442
STEPHEN M HORAN CFA HEAD FIN REPORTING POLICY	40 0					Х		369,506	0	45,656
MICHAEL K DALTON MANAGING DIR (EXITED 09/2010)	0.0						х	195,000	0	6,840