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DLN: 93493195010025

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 cal	endar year, or tax year beginnin	g 09-01-2013 , 2013, and ending 08-	31-2014			
<b>B</b> Ch	eck ıf a	applicable	C Name of organization CFA INSTITUTE			D Employ	yer ide	entification number
- Add	dress ch	hange				54-13	8648	0
— <sub>Na</sub>	me cha	inge	Doing Business As					
— <sub>Ind</sub>	tıal retu	ırn	Number and street (or P.O. boy if r	nail is not delivered to street address) Room/	suite			
– <sub>Te</sub>	rmınate	ed	PO BOX 2083	main is not delivered to street address; Room,	suite	E Telepho	ne nun	nber
_	nended		City or town, state or province, cou	ntry, and ZIP or foreign postal code		(434)	951-	5499
_		n pending	CHARLOTTESVILLE, VA 229022083					
Ар	plication	n penaing						\$ 317,283,649
			<b>F</b> Name and address of pri PAUL SMITH	ncipal officer		s this a group ubordinates?	returr	n for □ Yes 🔽 No
			915 EAST HIGH STREET		5	ubordinates		) res  • No
			CHARLOTTESVILLE, VA 2	229022083	<b>H(b)</b> A	re all subordu	nates	┌ Yes ┌ No
- T-						ncluded?		, , , , ,
[ la	ıx-exen	npt status	501(c)(3)   501(c)(6)	(insert no ) 4947(a)(1) or 527	1	r "No," attach	a list	(see instructions)
J W	ebsite	e: 🕨 ww	w cfainstitute org		H(c)	Group exempt	on nu	mber ►
<b>K</b> For	m of or	ganızatıon	Corporation Trust Association	on Other ►	<b>L</b> Year	of formation 198	86 <b>M</b>	State of legal domicile VA
	rt I		imary					-
	1	Briefly d	escribe the organization's missi	on or most significant activities				
	'	TO LEA	D THE INVESTMENT PROFESS	SION GLOBALLY BY PROMOTING TH			SOF	ETHICS,
e e	.	EDUCA	TION, AND PROFESSIONAL EX	XCELLENCE FOR THE ULTIMATE BE	NEFIT OF	SOCIETY		
<u>≥</u>	'							
Ě	:							
Governance	2	Check th	his box দ if the organization di	scontinued its operations or disposed	of more th	an 25% of its	net a	ssets
						1	ı	1
ACTIVITIES &				ning body (Part VI, line 1a)			3	18
Ę				of the governing body (Part VI, line 1			4	17
5				calendar year 2013 (Part V, line 2a)			5	1,181
∢			•	necessary)			6	3,400
				Part VIII, column (C), line 12			7a	703,409
	Ь	Net unre	elated business taxable income i	from Form 990-T, line 34			7b	149,625
	_					Prior Year	_	Current Year
g.	8		ibutions and grants (Part VIII, I	• —		0	0	
Ravenue	9			ine 2g)		223,787,9	-	239,880,621
叠	10		tment income (Part VIII, colum		15,083,947 14,872 962,665 4,761			
	11 12			, lines 5, 6d, 8c, 9c, 10c, and 11e) . (must equal Part VIII, column (A ), li	no —	962,6	005	4,761,938
	12			· · · · · · · · · · · · · · · ·		239,834,5	81	259,514,989
	13			IX, column (A), lines 1-3)		6,110,2	49	6,369,633
	14	Benefi	its paid to or for members (Part :	IX, column (A), line 4)			0	0
	15			ee benefits (Part IX, column (A), lines				
Expenses		5-10	•			79,472,3	<del></del>	82,464,727
₹ F	16a			, column (A), line 11e)	•		0	0
ठ	b		ındraısıng expenses (Part IX, column (D					
	17			lines 11a-11d, 11f-24e)		137,829,0		144,422,201
	18		·	ist equal Part IX, column (A), line 25)		223,411,6	-	233,256,561
	19	Reven	nue less expenses Subtract line	18 from line 12		16,422,8	-	26,258,428
රූජ සූප්					Begin	ning of Currer Year	nt	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			320,339,2	200	368,018,548
4 B	21					158,868,6	-	164,296,435
3.5 2.5	22		ssets or fund balances Subtract		•	161,470,5		203,722,113
Pa	1311	_	nature Block					
				amined this return, including accompa	nvina sche	dules and sta	temer	ots and to the hest of
				mplete Declaration of preparer (other				
orepa	arer ha	as any k	nowledge					
		T.				I		
		Sign	ature of officer			2015-07-02 Date		
Sigr Her		[ ]				Date		
ier	<u>.</u>		SMITH PRESIDENT & CEO					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	
Paid	ч		FRAVIS L PATTON		5410	Check   If self-employed	P0036	9623
		Ţ	Firm's name 🕨 PricewaterhouseCoope	ers LLP		Firm's EIN 🕨		
	pare		Firm's address ► 600 13TH STREET NW	SUITE 1000		Phone no (434)	951-5	5499
USE	On:	IV I'	3 444,055 F 000 15/11 5/11/EL/ 1999			(454	,	

WASHINGTON, DC 20005

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

✓ Yes ☐ No

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see 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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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,	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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	
	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			ı			
		28a		No			
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No			
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No			
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes				
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	 N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   397		res	N
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►HK, MY, AR, UK, CH			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
			i	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
<i>c</i>	Describe annual transfer bear annual transfer that are the second of the	5c		
	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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
9	Sponsoring organizations maintaining donor advised funds.	8		
_	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter	90		
	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			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l I n
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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 or note to any line in this Part	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	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 year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		. 00	
	more members of the governing body?	7a	Yes	
	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	8a	Yes		
b	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ле Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 12a b	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 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b	Yes Yes Yes	
b 12a b c 13	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c 13	Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year  $\frac{1}{2}$ 

►TIM MCLAUGHLIN 915 EAST HIGH STREET

CHARLOTTESVILLE, VA 229022083 (434)951-5499

Form 990	(2013	
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г	a	ч	_	•

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an d r/tru	heck sofficer (stee) Highest compensated	Former	(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

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d n is l	ne l both	box, an d	heck unless officer stee)		compei from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ited f other sation :he
		for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC	)   c	organizati relate organiza	ed
												4		
												4		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												$\dagger$		
1b	Sub-Total							<b> -</b>						
с	Total from continuation sheet	s to Part VII, S	ection A	١.	•	•	•	<b>*</b>		10 527 067		0		1 107 247
d 	Total (add lines 1b and 1c).  Total number of individuals (in	cludina but not	· ·	to the	se	Iiste	d abov	e) w		10,527,067 ed more th	l	٥	•	1,107,247
	\$100,000 of reportable compe							,						
													Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4											4	Yes		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person										or individual for	5	-	No	
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax vear	
	No.	(A)			1			, C	Jamg		(B)	1	(C	

(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
AMERICAN EXPRESS TRAVEL RELATED SVS, 200 VESEY STREET NEW YORK NY 10285	TRAVEL	12,165,015					
PBD INC, 1560 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004	DISTRIBUTION	4,883,758					
PROFESSIONAL EXAMINATION SERVICE, 475 RIVERSIDE DRIVE NEW YORK NY 10115	EXAM ADMINISTRATION	4,129,022					
DOREMUS COMPANY, 200 VARICK STREET NEW YORK NY 10014	MARKETING	8,132,066					
JOHN WILEY SONS INC, PO BOX 416502 BOSTON MA 02241	PUBLISHING	6,629,084					
2. Take hyperative department and the section (regulation but not limited to the activated above) who we arrived move than							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►213

Form 99		*	_					Page <b>9</b>
Part V	/##	Statement of Check if Schedu	o <b>f Revenue</b> ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>2</u> 2	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	ıes <b>1b</b>					
ي ق	c	Fundraising ev	ents <b>1c</b>					
Giffs, iilar A	d	Related organiz	zations 1d					
. Gi	e	Government grant						
Sir	f	_						
uti.	•	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines					
Cor	h	Total. Add line:	s 1 a - 1 f	🗼	0			
				Business Code				
é Li	2a	CANDIDATE FEES		900099	161,846,629	161,846,629		
28 28	ь	EDUCATIONAL PRO	DDUCTS	611710	44,271,013	44,271,013		
- Ce	С	MEMBERSHIP DUE	S	900099	33,059,570	33,059,570		
že.	d	ADVERTISING		541800	703,409		703,409	
5	e							
Program Serwoe Revenue	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		239,880,621			
	3		ome (including dividen		6,304,434			6,304,434
	4		ar amounts)	F	0,504,454			0,304,434
	5	Royalties .		proceeds	327,478			327,478
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	• •	me or (loss)		О			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	66,336,656					
	ь	Less cost or	E7 196 040	F92 620				
		other basis and sales expenses	57,186,040	582,620				
	С	Gain or (loss)	9,150,616	-582,620	9 567 006			9 567 006
	d 8a	Gross income f	from fundraising	· · · · <b>·</b>	8,567,996			8,567,996
eune		events (not inc						
Other Revenue		See Part IV, lir						
ŧ	ь		penses <b>b</b>					
O	C		(loss) from fundraising (	events	0			
	94		from gaming activities ne 19					
			а					
	b		penses b		_			
	100		(loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo	owances .					
	١.		a					
	b	<del>-</del>	oods sold b	antoni b	0			
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code	<u> </u>			
	11a	SERVICE FEE		900099	164,186	164,186		
	b	•	F PRIOR GRANT	900099	250,000	250,000		
	c	MAILING LIST		900099	261,180	261,180		
	d	-	ue		3,759,094	3,759,094		
	е	Total. Add lines	s 11a-11d	🕨	4,434,460			
	12	Total revenue.	See Instructions	🕨		242 644 672	700 400	15 100 000
	1			· 1	259,514,989	243,611,672	703,409	15,199,908

# 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)
, ection 301(c x 3 ) and 301(c x 4	JUI GAINZALIUNS INGSE CUMDICLE AN CUMINIS	All other organizations must comblete column (A.)

	Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,108,136			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,256,497	0		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	8,368,974			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	56,671,472			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,791,346			
9	Other employee benefits	7,434,757			
10	Payroll taxes	4,198,178			
11	Fees for services (non-employees)				
а	Management	77,111			
b	Legal	3,483,637			
C	Accounting	1,826,646			
d	Lobbying	421,586			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,827,467			
12	Advertising and promotion	18,131,301			
L3	Office expenses	17,422,147			
L <b>4</b>	Information technology	12,021,789	<u> </u>		
15	Royalties	142,121			
16	Occupancy	8,763,679			
L7	Travel	25,418,544			
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,410,344			
19	Conferences, conventions, and meetings	4,856,518			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,194,742			
23	Insurance	1,625,661			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	, ,			
а	EXAM ADMINISTRATION EXPENSES	26,710,088			
b	PRODUCT MERCHANDISE COSTS	10,062,475			
c	CONTRACT LABOR AND RECRUITMENT	2,279,545			
d	STAFF TRAINING	1,673,106			
e	All other expenses	484,038			
25	Total functional expenses. Add lines 1 through 24e	233,256,561	0	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

F (c)	T X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,271,893	1	2,952,231
	2	Savings and temporary cash investments	38,050,527	2	44,399,512
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,095,150	4	4,433,395
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and leans recoverble not	0	7	0
Ą	8	Notes and loans receivable, net	3,295,769	8	1,914,913
	9	Prepaid expenses and deferred charges	10,526,066	9	13,870,725
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  18,926,187	, ,	9	13,070,723
	ь	Less accumulated depreciation 10b 12,493,951	5,438,444	10c	6,432,236
	11	Investments—publicly traded securities	242,022,601	11	270,423,653
	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	10,010,261	14	9,873,811
	15	Other assets See Part IV, line 11	6,628,489	15	13,718,072
	16	Total assets. Add lines 1 through 15 (must equal line 34)	320,339,200	16	368,018,548
	17	Accounts payable and accrued expenses	27,060,757	17	25,034,240
	18	Grants payable	0	18	23,034,240
	19	Deferred revenue	128,926,177	19	135,491,160
	20	Tax-exempt bond liabilities	0	20	193,491,100
			0		0
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u></u>		persons Complete Part II of Schedule L	0	22	0
	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 related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,881,690	25	3,771,035
	26	Total liabilities. Add lines 17 through 25	158,868,624	26	164,296,435
۰ 	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	100,000,021	20	701,200,100
Š	27	Unrestricted net assets	161,470,576	27	203,722,113
Fund Balance	28	Temporarily restricted net assets	0	28	0
<u> </u>	29	Permanently restricted net assets	0	29	0
Ĭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
Ē		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45.5	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	161,470,576	33	203,722,113
Ź	34	Total liabilities and net assets/fund balances	320,339,200	34	368,018,548
		. otal nashides and net assets/land balances	320,333,200	J <del>-1</del>	300,010,346

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	ī			୮
1	Total revenue (must equal Part VIII, column (A), line 12)				
•	Total revenue (must equal Fait VIII, column (A), mie 12)	1		259,5	514,989
2	Total expenses (must equal Part IX, column (A), line 25)	2		233,2	256,561
3	Revenue less expenses Subtract line 2 from line 1	3		26.3	258,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			993,109
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		203,7	722,113
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ן ר		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:** 

**EIN:** 54-1386480 Name: CFA INSTITUTE

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, I	<b>Key</b>	Employees, Higl	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne booth a	ox, ι an o ⁄trus	inless fficer tee)	_	( <b>D)</b> 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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130)	2,1033 11130)	related organizations
ALAN M MEDER CFA CPA	1 0	x		x		<del>                                     </del>		2,067		0
IMMEDIATE PAST CHAIR							<u> </u>	2,067		0
COLIN W MCLEAN  EXT REL & VOL INV COMMIT CHAIR	1 0	х								
CHARLES J YANG CFA	1 0	X		х						
CHAIRMAN OF THE BOARD  AARON LOW CFA	1 0						$\vdash$			
VICE CHAIRMAN OF THE BOARD		х		х						
ATTILA KOKSAL CFA	1 0	x								
MEMBER, BOARD OF GOVERNORS							_			
BETH HAMILTON-KEEN CFA	1 0	х								
MEMBER, BOARD OF GOVERNORS FREDERIC P LEBEL CFA	1 0									
PLANNING COMMITTEE CHAIR		Х								
GIUSEPPE BALLOCCHI CFA	1 0	х								
AUDIT & RISK COMMITTEE CHAIR  JAMES G JONES CFA	10						-			
MEMBER, BOARD OF GOVERNORS		Х								
JANE SHAO CFA	1 0									
MEMBER, BOARD OF GOVERNORS		X								
MATTHEW H SCANLAN CFA	1 0	х								
MEMBER, BOARD OF GOVERNORS  MARK J LAZBERGER CFA	1 0						$\vdash$			
MEMBER, BOARD OF GOVERNORS		Х								
ROGER URWIN	1 0	Х								
MEMBER, BOARD OF GOVERNORS SAEED M AL-HAJERI CFA	1.0						┞			
MEMBER, BOARD OF GOVERNORS	1 0	х								
JOHN ROGERS CFA	40 0	<u> </u>		l						
PRESIDENT & CEO-EXITED 5/31/14	1 0	Х		Х				1,380,137	0	89,459
DWIGHT D CHURCHILL CFA	40 0	x		х						
PRESIDENT & CEO-ENTERED 6/2014  ROBERT JENKINS FSIP	10						$\vdash$			
MEMBER, BOARD OF GOVERNORS		Х								
SUNIL SINGHANIA CFA	1 0	X								
MEMBER, BOARD OF GOVERNORS										
HEATHER BRILLIANT	1 0	х								
MEMBER, BOARD OF GOVERNORS JOSEPH P LANGE	40 0									
DIRECTOR, BOARD & CORP SVS				Х				107,886	0	29,965
TIMOTHY G MCLAUGHLIN CFA	40 0			х				554,741	0	66,970
CHIEF FINANCIAL OFFICER ELAINE CHENG	10						-	,		,
MANAGING DIRECTOR	40 0				Х			403,475	0	64,978
DONNA MARSHALL	40 0				,		T	476 440		62.245
MANAGING DIRECTOR					Х		_	476,140	0	63,315
JAN R SQUIRES CFA	40 0				х			627,563	0	69,621
MANAGING DIRECTOR CAROL J ANDERSON	40 0	-								
GENERAL COUNSEL-EXITED 8/31/14					Х			500,859	0	68,795
· ·	•		-			•	•			

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne bo oth a ctor/	ox, u an of trus	inless ficer tee)		(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
	organizations below dotted line)	Individual trustae or clirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 (1100)	2,1033 (1100)	related organizations
KURT N SCHACHT CFA	40 0				х			561,470	0	73,703
MANAGING DIRECTOR								,		,
NITIN MEHTA CFA  MANAGING DIRECTOR	40 0				х			463,738	0	28,551
RAYMOND J DEANGELO	40 0									
MANAGING DIRECTOR					Х			606,989	0	69,021
THOMAS ROBINSON CFA	40 0				х			625,879	0	69,562
MANAGING DIRECTOR								023,073		05,502
STEPHEN M HORAN CFA  MANAGING DIRECTOR	40 0				х			393,082	0	58,514
JOHN BOWMAN	40 0									
MANAGING DIRECTOR	400				Х			1,288,225	0	66,682
PAUL SMITH	40 0				х			524,544	0	46,497
MANAGING DIRECTOR								324,344	0	40,497
ASHVIN P VIBHAKAR CFA	32 0					x		561,674	0	61,793
SENIOR ADVISOR PETER B MACKEY CFA	40 0									
HEAD CFA EXAMINATIONS						х		405,353	0	43,821
SANDRA PETERS	40 0					,,		407.633		42.024
HEAD PROFESSIONAL EDUCATION						X		407,623	0	43,821
ROBERT LAMY	40 0					х		331,682	0	48,673
HEAD, CURRICULUM DEVELOPMENT DENNIS MCLEAVEY	40 0					-				
	40 0					×		303,940	0	43,506
HEAD, REGULATOR(EXITED 2/2014)	]									

DLN: 93493195010025

## OMB No 1545-0047

Open to Public Inspection

# **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

	me of the organization			Emp	loyer iden	tification number			
CFA	A INSTITUTE			54-	1386480				
Par	t I-A Complete if the or	ganization is exempt under	section 501(			organization.			
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV					
2	Political expenditures	'	. 5		<b>.</b>	\$			
3	Volunteer hours								
Do	ATT Complete if the or		coction FO1/	-)(2)					
1		ganization is exempt under e tax incurred by the organization un			<u> </u>	<b>.</b>			
2	•	e tax incurred by the organization manage			<u>-</u>	<b>Φ</b>			
3		section 4955 tax, did it file Form 47.		11 4 2 3 3	•	→			
4a	Was a correction made?	rection 1999 tax, ala ic me Form 17.	eo for ems year			「Yes			
b	If "Yes," describe in Part IV					, 165 , 116			
	•	ganization is exempt under	section 501(	c), except se	ction 50	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activit	ies ►	\$			
2	Enter the amount of the filing o	organization's funds contributed to o	ther organizations	s for section 527					
	exempt function activities				<b>-</b>	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b								
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?				☐ Yes ☐ No			
5	Enter the names, addresses ar	nd employer identification number (E	IN) of all section	527 political org	anızatıons	s to which the filing			
		For each organization listed, enter th		m the filing organ	nization's f				
		ns received that were promptly and (	lirectly delivered						
		ns received that were promptly and opported to political action committee (PAC) If		to a separate po	ıtıcal orga	nızatıon, such as a			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate pol	ıtıcal orga le ınformat	nization, such as a tion in Part IV			
				to a separate polis needed, provid  (d) A mount p	itical orga de informat aid from	nızatıon, such as a			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate pol	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	separate segregated fund or a	political action committee (PAC) If	additional space	to a separate polis needed, provid  (d) A mount p filing organiz	itical orga de informat aid from zation's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2013						Page 2
Pä	art III-A Complete if the organization	is exemp	t under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► If the filing organization belongs to a	on offiliated	aroup (and	List in Dort IV or	ah affiliated are	un mambaria nam	o addraca EIN
~	expenses, and share of excess lobb			iistiii Paitiv ea	ich ammateu gro	up member s nam	e, address, ETN
<u>B</u>	Check ► ☐ if the filing organization checked bo	x A and "lim	ited contro	ol" provisions ap	oly		
	Limits on Lobbying E (The term "expenditures" means ar			l.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	opinion (gras	s roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (	direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount is columns	from the follo	wing table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ing nontax	able amount is:			
	Not over \$500,000	20% of the	amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the	e excess over \$500,	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the	e excess over \$1,00	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 5% of the	excess over \$1,500	000		
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	er-0-					
i	Subtract line 1f from line 1c If zero or less, ente	er-0-					
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line	1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t Lobbying Exp	section 5 he instruc	01(h) el ctions fo	r lines 2a thr	have to cor ough 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a	) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) Total
<u>2a</u>	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			rage	
For		(;	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1A	nount	
1 a	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 Volunteers?					
b C	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
j	Total Add lines 1c through 1i					_
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					_
c d	The state of the s		I			
	rt III-A Complete if the organization is exempt under section 501(c)(4), section	501/6	\/ <b>5</b> \	r so	ction	
LEC:	501(c)(6).	301(C	)(3), 0	,, se	LIOII	
	202(0)(0).			- 1	Yes N	Vo
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	١	۷o
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	١	۷o
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	N	١o
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					,
1	Dues, assessments and similar amounts from members	1		3:	3,059,5	57
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			421,5	58
b	Carryover from last year	2b				
С	Total	2c			421,5	58
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4				
5	political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	5			421,5	
_	art IV Supplemental Information				721,-	_
Pr	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grount II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lın	e 2, an	ıd
	Return Reference Explanation					

Belledale e (Form 330 of	-		rage <del>-r</del>
Part IV Suppler	nental Information <i>(continu</i>	ed)	
Return Referer	ce	Explanation	
-			
-			

Schedule D (Form 990) 2013

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#### DLN: 93493195010025

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

nal Revenue Service	and its instruction	ns is at <u>www.irs.gov/roriii990</u> .			Inspect	ion
ame of the organization FA INSTITUTE			Emplo	yer identificat	tion numbe	r
AMSTITUTE			54-13	386480		
art I Organizations Ma	ntaining Donor Advis	sed Funds or Other Similar F			. Complet	e if th
organization answer	ed "Yes" to Form 990, F					
	_	(a) Donor advised funds	(1	) Funds and o	ther accou	nts
Total number at end of year	_					
Aggregate contributions to (di	- · · ·					
Aggregate grants from (during	<i>''</i> — —					
Aggregate value at end of yea	<u> </u>					
		in writing that the assets held in dor nization's exclusive legal control?	nor advis	ed	┌ Yes	┌ No
	ses and not for the benefit	or advisors in writing that grant funds of the donor or donor advisor, or for a		purpose	┌ Yes	┌ No
		ie organization answered "Yes" t	to Form	990. Part IV	. line 7.	<u> </u>
Purpose(s) of conservation ea					,	
	iblic use (e g , recreation or		n historic	ally important	land area	
Protection of natural habit	at	Preservation of a	certified	hıstorıc struct	ure	
Preservation of open spac	e					
Complete lines 2a through 2d	ıf the organization held a q	ualified conservation contribution in t	the form	of a conservat	ion	
easement on the last day of th	ie tax year					
				Held at the	End of the	Year
Total number of conservation			2a			
Total acreage restricted by co			2b			
Number of conservation ease		• •	2c			
historic structure listed in the	National Register	red after 8/17/06, and not on a	2d			
	nents modified, transferred	, released, extinguished, or terminate	ed by the	organization (	during	
the tax year 🗠	_					
Number of states where prope	rty subject to conservation	easement is located ►				
Does the organization have a enforcement of the conservat		periodic monitoring, inspection, han	dling of v	iolations, and	┌ Yes	┌ No
Staff and volunteer hours dev	oted to monitoring, inspecti	ng, and enforcing conservation easer	ments du	ring the year		
A mount of expenses incurred	ın monitoring, inspecting, a	nd enforcing conservation easement	s during	the year		
<b>▶</b> \$	-					
Does each conservation ease and section $170(h)(4)(B)(II)^{2}$	ment reported on line 2(d)	above satisfy the requirements of sec	ction 170	)(h)(4)(B)(ı)	┌ Yes	┌ No
	applicable, the text of the f	ervation easements in its revenue an ootnote to the organization's financia s				
		<b>of Art, Historical Treasures,</b> " to Form 990, Part IV, line 8.	or Oth	er Similar <i>F</i>	Assets.	
works of art, historical treasu	res, or other similar assets	6 (ASC 958), not to report in its reve held for public exhibition, education, ts financial statements that describe	or resea	rch in furthera		
If the organization elected, as	permitted under SFAS 116 res, or other similar assets	6 (ASC 958), to report in its revenue held for public exhibition, education,	stateme	nt and balance		ıc
(i) Revenues included in Form	1 990, Part VIII, line 1			<b>►</b> \$		
(ii) Assets included in Form 9						
If the organization received o	r held works of art, historica	al treasures, or other similar assets fo .6 (ASC 958) relating to these items				
Revenues included in Form 99	·	· •		<b>&gt;</b> \$		
Assets included in Form 990,				· ↓		
maacca meruucu nii Fullii 330,	IUILA			<b>-</b> →		

	••• Organizations Maintaining Co	HECHOIIS OF ALL	, піз	LOFI	cai i	easu	ires, or c	une	r Similar As	sets	<u>continuea)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	eck	any of	the foll	owing that a	are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	or exc	hange progi	rams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explai	ın hov	v the	y furth	er the o	organızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part c	fthe	organ	ızatıon	's collection	۱?		┌ Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribi	utions	or other ass	etsı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follov	ving t	able		_				
									1A	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							<b>1f</b>			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been p	orovided in I	Part :	XIII		. 「
Par	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior	year	<b>b</b> (c)⊺	wo years back	( (d )	Three years back	<b>(e)</b> Foui	years back
1a	Beginning of year balance							╀			
Ь	Contributions							╀			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colun	nn (a))	held as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation 1	hat	are hel	d and a	admınıstere	d for	the	_	
	organization by	-								Ye	s No
	(i) unrelated organizations			•				•	3a		
b	(ii) related organizations							•	3a(		+
4	Describe in Part XIII the intended uses of th	·						•	3		
	t VI Land, Buildings, and Equipme					n ansv	wered 'Yes	' to	Form 990. Pa	art IV.	line
	11a. See Form 990, Part X, line 1										
	Description of property				) Cost oi is (inves		( <b>b)</b> Cost or o		(c) Accumulate depreciation	d <b>(d)</b>	Book value
<b>1</b> a L	and										
<b>b</b> E	Buildings		•								
<b>c</b> L	_easehold improvements						3,979	9,897	2,873,6	01	1,106,296
	Equipment		•				14,946	5,290	9,620,3	50	5,325,940
	Other	qual Form 990 Part X		mn /	B) line	10(c)	<u> </u> 		<u>l</u> <b>.</b> ►	-	6,432,236
- Julai	is Add inies to unough te (Column (a) must d	quai i Oilli 330, Fail A	, coru	(	וווו ,,כ	10(0).,	<i>,</i>	•		D (Form	990) 2013

See Form 990, Part X, line 12.  (a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(Including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>+</b>	
Part VIII Investments—Program Related.	Complete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(B) Book Value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. Complete if the organization		
(a) Des	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
<b>Part X Other Liabilities.</b> Complete if the or Form 990, Part X, line 25.	ganization answered 'Yes' t	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
SOCIETY PAYABLE	1,091,086	
DEFERRED COMPENSATION	1,739,161	
DUE TO AFFILIATE	6,474	
UNCLAIMED PROPERTY	303,751	
TRANSACTION PAYABLE	630,563	
	2 2 3 7 3 3 3	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 3,771,035	
2 Liability for incertain tay positions In Part XIII prov		<u> </u>

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	275,840,718
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 XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	15,993,109
3	Subtract line <b>2e</b> from line <b>1</b>	3	259,847,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-332,620
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	259,514,989
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	233,589,181
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	332,620
3	Subtract line <b>2e</b> from line <b>1</b>	3	233,256,561
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 XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	233,256,561

#### Part XIII Supplemental Information

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

Explanation
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 UNDER THE INCOME TAXES TOPIC OF THE FASB ASC AND HAS NO UNCERTAIN TAX POSITIONS
LOSS ON DISPOSAL OF ASSETS (\$582,620) RECOVERIES OF PRIOR YEAR GRANT \$250,000
LOSS ON DISPOSAL OF ASSETS \$582,620 RECOVERIES OF PRIOR YEAR GRANT (\$250,000)

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493195010025

OMB No 1545-0047

2013

# **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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	e of the organization				Employer ident	ification number			
CFA	INSTITUTE				54-1386480				
Pa	rt I General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organiz	ation answered			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's pr	ocedures for monitori	ng the use of its grant	s and other			
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed )				
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region			
(1	) See Add'l Data		-						
( 2	)								
( 3	)								
(4	)								
( 5	)								
	Sub-total Total from continuation sheets to Part I	6	93			54,067,371 167,508			
•	Totals (add lines 3a and 3b)	6	93			54,234,879			

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
( 3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
(13)								
(14)								
( 15)								
(16)								

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

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.

Part III can be	Part III can be duplicated 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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)		
(1)									
( 2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
( 12)									
(13)									
(14)									
( 15)									
( 16)									
( 17)									
( 18)									
	1			l .					

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Γ	Yes	F	No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	হ	No
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)	Γ	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	V	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	দ	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).	٦	Yes	Г	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	INDIVIDUAL GRANT PAYMENTS ARE MONITORED AND TRACKED BY CFA INSTITUTE STAFF GRANT RECIPIEN TS ARE REQUIRED TO SUBMIT DETAILED BUSINESS PLANS, BUDGETS AND REPORTS

#### **Additional Data**

Software ID: Software Version:

**EIN:** 54-1386480

Name: CFA INSTITUTE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities 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	28,025	
South Asia			Grantmakıng	N/A	255,522	
Sub-Saharan Africa			Grantmakıng	N/A	79,068	

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities 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				
East Asia and the Pacific	4	46	Program Services	MEMBER & EXAM SUPPORT	25,857,668				
South Asia			Program Services	MEMBER & EXAM SUPPORT	740,571				
Central America and the Caribbean			Grantmakıng	N/A	72,096				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities 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				
East Asia and the Pacific			Grantmakıng	N/A	800,213				
Europe (Including Iceland and Greenland)			Grantmakıng	N/A	1,202,074				
Europe (Including Iceland and Greenland)	2	47	Program Services	MEMBER & EXAM SUPPORT	22,373,872				

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(a) Region  (b) Number of offices in the region  region  (c) Number of employees or cagents in region		(d) Activities 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			
Middle East and North Africa			Grantmakıng	N/A	214,365			
Middle East and North Africa			Program Services	MEMBER & EXAM SUPPORT	468,642			
North America			Grantmaking	N/A	524,380			

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region agents in region region region region grants to reci		(d) Activities 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				
North America			1 -	MEMBER & EXAM SUPPORT	759,589				
Russia and the Newly Independent States			Grantmakıng	N/A	33,848				
Russia and the Newly Independent States			1 3	MEMBER & EXAM SUPPORT	13,929				

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities 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	
South America			Grantmakıng	N/A	39,828	
South America			Program Services	MEMBER & EXAM SUPPORT	603,681	
Sub-Saharan Africa			Program Services	MEMBER & EXAM SUPPORT	167,508	

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GEN SUPPORT	12,314	WIRE/CHECK		N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	GEN SUPPORT	20,250	WIRE/CHECK		N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	GEN SUPPORT	39,432	WIRE/CHECK		N/A	N/A
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	16,830	WIRE/CHECK		N/A	N/A

Form 990 Schedı	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	172,132	WIRE/CHECK		N/A	N/A			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	33,775	WIRE/CHECK		N/A	N/A			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	28,087	WIRE/CHECK		N/A	N/A			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	19,446	WIRE/CHECK		N/A	N/A			

Form 990 Schedı	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	46,536	WIRE/CHECK		N/A	N/A			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	18,494	WIRE/CHECK		N/A	N/A			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	85,969	WIRE/CHECK		N/A	N/A			
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	128,633	WIRE/CHECK		N/A	N/A			

, Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Un	ited States	_		_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	13,269	WIRE/CHECK		N/A	N/A
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	40,184	WIRE/CHECK		N/A	N/A
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	22,790	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	11,226	WIRE/CHECK		N/A	N/A

Form 990 Scheau	ile F Part II	- Grants or Entitle	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GEN SUPPORT	152,406	WIRE/CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	GEN SUPPORT	11,370	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	15,780	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	15,696	WIRE/CHECK		N/A	N/A

, Form 990 Schedu	le F Part II	- Grants or Entiti	es Outside The Un	ited States				ļ
(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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	19,812	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	19,316	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	12,120	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	11,427	WIRE/CHECK		N/A	N/A

Form 990 Schedu	le F Part II	- Grants or Entiti	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	20,886	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	72,262	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	48,550	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	22,346	WIRE/CHECK		N/A	N/A

, Form 990 Schedv	ıle F Part II	- Grants or Entiti	ies Outside The Un	₁ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	26,903	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	42,402	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	197,951	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	17,186	WIRE/CHECK		N/A	N/A

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	13,269	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	29,567	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	20,780	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	116,292	WIRE/CHECK		N/A	N/A

, Form 990 Schedv	ale F Part II	- Grants or Entiti	ies Outside The Un	₁ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	11,284	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	125,000	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	13,899	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	14,712	WIRE/CHECK		N/A	N/A

, Form 990 Schedv	ale F Part II	- Grants or Entitle	as Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	149,580	WIRE/CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	144,012	WIRE/CHECK		N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	5,200	WIRE/CHECK		N/A	N/A
	1	MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	89,100	WIRE/CHECK		N/A	N/A

, Form 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)				
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	8,600	WIRE/CHECK		N/A	N/A				
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	13,180	WIRE/CHECK		N/A	N/A				
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	11,321	WIRE/CHECK		N/A	N/A				
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	12,666	WIRE/CHECK		N/A	N/A				

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	13,688	WIRE/CHECK		N/A	N/A		
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	11,300	WIRE/CHECK		N/A	N/A		
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	11,312	WIRE/CHECK		N/A	N/A		
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	23,702	WIRE/CHECK		N/A	N/A		

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	ash grant cash disbursement cash assistance assistance			(ı) Method of valuatıon (book, FMV, appraısal, other)				
		MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	13,577	WIRE/CHECK		N/A	N/A				
		NORTH AMERICA	GEN SUPPORT	16,026	WIRE/CHECK		N/A	N/A				
		NORTH AMERICA	GEN SUPPORT	44,084	WIRE/CHECK		N/A	N/A				
		NORTH AMERICA	GEN SUPPORT	19,510	WIRE/CHECK		N/A	N/A				

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	GEN SUPPORT	22,299	WIRE/CHECK		N/A	N/A
		NORTH AMERICA	GEN SUPPORT	15,901	WIRE/CHECK		N/A	N/A
		NORTH AMERICA	GEN SUPPORT	14,807	WIRE/CHECK		N/A	N/A
	1	NORTH AMERICA	GEN SUPPORT	57,071	WIRE/CHECK		N/A	N/A

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	GEN SUPPORT	14,166	WIRE/CHECK		N/A	N/A
		NORTH AMERICA	GEN SUPPORT	17,412	WIRE/CHECK		N/A	N/A
		NORTH AMERICA	GEN SUPPORT	71,199	WIRE/CHECK		N/A	N/A
		NORTH AMERICA	GEN SUPPORT	13,240	WIRE/CHECK	1	N/A	N/A

₁e F Part II	- Grants or Entitie	es Outside The Un	lited States				
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	217,430	WIRE/CHECK		N/A	N/A
	RUSSIA AND THE NEWLY INDEPENDENT STATES	GEN SUPPORT	171,848	WIRE/CHECK		N/A	N/A
	RUSSIA AND THE NEWLY INDEPENDENT STATES	GEN SUPPORT	12,000	WIRE/CHECK		N/A	N/A
	SOUTH AMERICA	GEN SUPPORT	15,411	WIRE/CHECK		N/A	N/A
ı.	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable)  NORTH AMERICA  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES	(b) IRS code section and EIN(if applicable)  NORTH AMERICA GEN SUPPORT  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE GEN SUPPORT  STATES	section and EIN(if applicable)  NORTH AMERICA GEN SUPPORT 217,430  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE GEN SUPPORT 12,000  RUSSIA AND THE GEN SUPPORT 12,000	(b) IRS code section and EIN (if applicable)  NORTH AMERICA  GEN SUPPORT  Cash grant  (e) Amount of cash disbursement  217,430 WIRE/CHECK  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES	(b) IRS code section and EIN(if applicable)  NORTH AMERICA  GEN SUPPORT  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES  GEN SUPPORT  GEN SUPPORT  12,000  WIRE/CHECK  (g) Amount of non-cash disbursement assistance  (g) Amount of non-cash disbursement assistance  WIRE/CHECK  WIRE/CHECK  WIRE/CHECK	(b) IRS code section and EIN(if applicable)  NORTH AMERICA  GEN SUPPORT  RUSSIA AND THE NEWLY INDEPENDENT STATES  RUSSIA AND THE NEWLY INDEPENDENT STATES  GEN SUPPORT  (e) Amount of cash grant  (e) Amount of cash grant  (f) Manner of cash disbursement  WIRE/CHECK  WIRE/CHECK  N/A  WIRE/CHECK  N/A  WIRE/CHECK  N/A  WIRE/CHECK  N/A  N/A  N/A

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
		SOUTH AMERICA	GEN SUPPORT	24,417	WIRE/CHECK		N/A	N/A				
		SOUTH AMERICA	GEN SUPPORT	11,254	WIRE/CHECK		N/A	N/A				
		SOUTH ASIA	GEN SUPPORT	31,454	WIRE/CHECK		N/A	N/A				
		SOUTH ASIA	GEN SUPPORT	34,882	WIRE/CHECK		N/A	N/A				
1								,				

, rorm 990 Scheav	lie F Part II	- Grants or Entitle	as Outside The Un	itea States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH ASIA	GEN SUPPORT	83,400	WIRE/CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	GEN SUPPORT	41,984	WIRE/CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	GEN SUPPORT	27,714	WIRE/CHECK		N/A	N/A

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

Schedule I

(Form 990)

DLN: 93493195010025

OMB No 1545-0047

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

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

Open to Public **Inspection** 

► Attach to Form 990 Department of the Treasury Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

**Employer identification number** 

CFA INSTITUTE									
Part I General Information	n on Grants and	l Assistance				•			
<ol> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as tion's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	d States			✓ Yes		
Part II Grants and Other As Form 990, Part IV, line							es" to		
(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 gran		
See Additional Data Table									
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other organ</li></ul>							6		

3111	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assista	nce	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental	Informa	<b>tion.</b> Provide the info	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.			
Return Reference	Explana	ition							
SCHEDULE I, PART I, LINE 2	INDIVIDUAL GRANT PAYMENTS ARE MONITORED AND TRACKED BY CFA INSTITUTE STAFF GRANT RECIPIENTS ARE REQUIRED TO								

SUBMIT DETAILED BUSINESS PLANS BUDGETS AND REPORTS

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 54-1386480

Name: CFA INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARMINE PREPARATORY SCHOOL 2300 SOUTH WASHINGTON TACOMA, WA 98405	91-1109930		10,000		N/A	N/A	GEN SUPPORT

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NIPA LTD DBA THE VOLCKER ALLIANCE INC 610 FIFTH AVENUE 420 NEWYORK,NY 10020	45-4585989	501(C)(3)	8,000		N/A	N/A	GEN SUPPORT				

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE PEW CHARITABLE TRUSTS 901 E ST NW 10 FL WASHINGTON, DC 20004	56-2307147	501(C)(3)	150,000		N/A	N/A	GEN SUPPORT				

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL FORUM FOR INVEST 1911 N F MYER D 700 ARLINGTON,VA 22209	52-1087193	501(C)(3)	10,000		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WESTERN KENTUCKY UNIVERSITY FOUNDATION 1906 CLG HGHT BLVD 8094 BOWLING GREEN,KY 42101		501(C)(3)	8,000		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WESTERN MICHIGAN UNIVERSITY FOUNDATION 1903 W MICHIGAN AVE KALAMZAOO,MI 49008	38-6007327		10,000		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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 SOCIETIES OF TEXAS PO BOX 1467 AUSTIN,TX 78767	45-4833185		26,313		N/A	N/A	GEN SUPPORT			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TUCSON SOCIETY OF CFA INSTITUTE 1820 E RIVER RD TUCSCON,AZ 85714	27-0863018		12,271		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CFA SOCIETY OF MISSISSIPPI 1018 HIGHLND COLNY PKWY RIDGELAND,MS 39157	64-0716591		12,266		N/A	N/A	GEN SUPPORT				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DAYTON CFA SOCIETY 10 N LUDLOW ST 800 DAYTON,OH 45402	26-0659612		12,289		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF SOUTH CAROLINA 2711 MIDDLEBURG DR COLUMBIA,SC 29204	57-1134283		12,613		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF NEW MEXICO PO BOX 36947 ALBUQUERQUE,NM 87176	85-0454738		12,810		N/A	N/A	GEN SUPPORT			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF ARKANSAS 11 CENTER ST LITTE ROCK,AR 72201	58-2055805		12,122		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> 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		13,693		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF EAST TENNESSEE 1033 MASSCHSTTS AV CAMBRIDGE, MA 02138	04-2103580		13,423		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</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 IDAHO 7661 W RIVERSIDE DR 105 OPEN,ID 83714	04-3704521		11,451		N/A I	N/A	GEN SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF BUFFALO INC PO BOX 539 BUFFALO,NY 14205	20-5170662		13,045		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</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 LOUISIANA 228 ST CHARLES AVE NEW ORLEANS, LA 70130	72-0947195		15,395		N/A	N/A	GEN SUPPORT		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE PROVIDENCE SOCIETY OF FINANCIAL ANALYSTS 200 SEAPORT BLVD 32N BOSTON,MA 02210	23-7069442		15,270		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF OKLAHOMA PO BOX 13006 OKLAHMOMA CITY,OK 73113	20-3779358		14,871		N/A	N/A	GEN SUPPORT			

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF ORLANDO PO BOX 2783 ORLANDO,FL 32802	59-3213363		14,890		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF JACKSONVILLE 1579 GREENS W JACKSONVILLE BEACH,FL 32250	59-1606008		14,816		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF SACRAMENTO 915 L ST STE C-252 SACRAMENTO,CA 95814	94-3315268		16,225		N/A	N/A	GEN SUPPORT		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF SAN ANTONIO 12526 LA AVENTURA ST SAN ANTONIO,TX 78233	74-1660459		16,387		N/A	N/A	GEN SUPPORT		

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(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 NEBRASKA INC PO BOX 80685 LINCOLN,NE 68501	47-0667513		16,843		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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 MIAMI INC PO BOX 960901 MIAMI,FL 33296	61-1572381		32,358		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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 NEVADA 2251 S FT APADIE RD LAS VEGAS,NV 89117	20-0195946		14,972		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF INDIANAPOLIS INC PO BOX 90232 INDIANAPOLIS,IN 46290	23-7119206		18,297		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA WEST MICHIGAN SOCIETY 134 N LASALLE ST KALAMAZOO,MI 49009	38-0892650		13,205		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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 NAPLES 11094 RVR TRENT CT LEHIGH ACRES,FL 33971	59-3405436		14,704		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF SALT LAKE 150 SOCIAL HALL SALT LAKE CITY,UT 84145	61-1526448		15,169		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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 ALABAMA 100 OFFICE PARK DR BIRMINGHAM,AL 35223	63-1064381		15,676		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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 HAWAII PO BOX 580 HONOLULU,HI 96809	87-0753677		13,180		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF NASHVILLE 7003 CHADWICK DR 350 BRENTWOOD,TN 37027	62-1181717		15,764		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF ROCHESTER 2 BERRYWOOD CIRCLE PENNFIELD,NY 14526	16-0977751		15,389		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF MADISON 1241 JOHN Q HAMMONS DR MADISON,WI 53717	39-1929703		16,809		N/A	N/A	GEN SUPPORT			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF MEMPHIS 5118 PARK AVE MEMPHIS,TN 38117	62-1636928		16,504		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PHOENIX CFA SOCIETY 16435 N SCOTTSDALE RD SCOTTSDALE,AZ 85254	86-0469879		21,934		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF SOUTH FLORIDA 8602 TOURMALINE BLVD BOYNTON BCH,FL 33437	30-0325375		22,028		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF LOUISVILLE 1802 CROSSGATE LANE LOUISVILLE,KY 40222	61-1333979		17,378		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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 COLUMBUS PO BOX 25 BLACKLICK,OH 43004	31-1393658		22,671		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VERMONT CFA SOCIETY 110 MAIN ST BURLINGTON,VT 05401	04-3374500		21,030		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STAMFORD CFA SOCIETY 6 OLIVER ST S NORWALK,CT 06854	06-1513527		25,281		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF AUSTIN PO BOX 1467 AUSTIN,TX 78767	72-1621543		22,128		N/A	N/A	GEN SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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		22,007		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BALTIMORE CFA SOCIETY INC 575 S CHARLES ST BALTIMORE,MD 21201	52-0895933		27,775		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF PORTLAND PO BOX 434 PORTLAND,OR 79207	23-7358083		22,086		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF CINCINNATI INC 4010 EXEC PARK DR CINCINNATI,OH 45241	23-7094427		22,387		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF SAN DIEGO PO BOX 928456 SAN DIEGO,CA 92192	23-7069278		28,207		N/A	N/A	GEN SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF ORANGE COUNTY 4533 MACARTHUR BLVD NEWPORT BEACH, CA 92660	33-0228558		24,189		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE PITTSBURGH SOC OF FINANCIAL ANALYSTS INC PO BOX 1212 PITTSBURGH,PA 15230	25-1421153		22,307		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KANSAS CITY CFA SOCIETY 330 WENNEKER DR ST LOUIS,MO 63124	82-0560661		23,744		N/A	N/A	GEN SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF CLEVELAND 3637 MEDINA RD MEDINA,OH 44256	23-7065462		25,607		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF MILWAUKEE INC 100 EAST WISCONCIN AVE MILWAUKEE,WI 53202	23-7072850		28,448		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE HARTFORD SOCIETY OF FINANCIAL ANALYSTS INC PO BOX 182 NORTH GRANDY,CT 06060	06-0964607		31,940		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CFA SOCIETY OF IOWA INC 711 HIGH ST DES MOINES,IA 53092	42-1152989		22,672		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</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 VIRGINIA 5808 PARAGON PL RICHMOND,VA 23230	54-1429832		25,814		N/A	N/A	GEN SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF COLORADO 6957 LAKEVIEW ST LITTLETON,CO 80120	84-0585027		37,253		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA NORTH CAROLINA SOCIETY 3004 EXBOW CT RALEIGH,NC 27613	56-1824044		36,879		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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 SEATTLE 18221-102ND AVENUE NE BOTHELL,WA 98011			40,914		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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		35,058		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF DALLASFORT WORTH PO BOX 8205116 DALLAS,TX 75382	23-7078748		42,796		N/A	N/A	GEN SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF HOUSTON 10401 WESTOFFICE DRIVE HOUSTON,TX 77042	23-7004744		35,029		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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 DETROIT 35464 JEFFERS CT HARRISON TWNSHP,MI 48045	38-6087152		23,591		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Pai	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CFA SOCIETY OF ATLANTA 248 CREEKSTONE RIDGE WOODSTOCK,GA 30188	58-1105110		45,788		N/A	N/A	GEN SUPPORT				

Form 990,Schedule I, Pa	orm 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</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 LOS ANGELES 350 S GRAND AVE LOS ANGELES,CA 90071	95-6069970		65,576		N/A	N/A	GEN SUPPORT				

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFA SOCIETY OF MINNESOTA 1300 RAND TOWER MINNEAPOLIS, MN 55402	41-1861989		42,405		N/A	N/A	GEN SUPPORT			

Form 990,Schedule 1, Par	orm 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CFA SOCIETY OF PHILADELPHIA THE 100 NORTH 20 ST PHILADELPHIA,PA 19103	23-6395738		59,409		N/A	N/A	GEN SUPPORT				

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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		85,043		N/A	N/A	GEN SUPPORT				

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE SECURITY ANALYSTS OF SAN FRANCISCO 300 MONTGOMERY ST SAN FRANCISCO,CA 94104	94-6078576		89,279		N/A	N/A	GEN SUPPORT				

Form 990,Schedule 1, Pa	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
BOSTON SECURITY ANALYSTS SOCIETY INC 260 FRANKLIN ST STE 1540 BOSTON,MA 02110	23-7069432		120,431		N/A	N/A	GEN SUPPORT					

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CFA SOCIETY OF CHICAGO 134 N LASALLE ST CHICAGO,IL 60602	36-2595074		101,406		N/A	N/A	GEN SUPPORT				

Form 990,Schedule 1, Par	form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HARVARD LAW SCHOOL 1033 MASSACHUSETTS AV CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	20,000		N/A	N/A	GEN SUPPORT				

Form 990,Schedule 1, Pa	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE SPOAKANE CHAPTER OF THE SEATTLE SOC OF FIN 808 W SOPKANE FALLS SPOKANE, WA 99201	91-1592696		12,649		N/A	N/A	GEN SUPPORT				

Form 990,Schedule 1, Pa	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 BROADWAY SUITE 1010 NEW YORK, NY 10036	13-5610350	501(C)(3)	160,297		N/A	N/A						

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DLN: 93493195010025

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Name of the organization CFA INSTITUTE

**Employer identification number** 

		54-1386480		
Pa	Part I Questions Regarding Compensation			
			Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard   First-class or charter travel   Travel for companions   Payments for business use of person   Tax idemnification and gross-up payments   Discretionary spending account   Personal services (e.g., maid, charman provided any of the following to or for a person   Payments for business use of person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provided any of the following to or for a person   Payments for business use of person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provided any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or for a person   Personal services (e.g., maid, charman provides any of the following to or	ing these items or personal use sonal residence otion fees		
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred be directors, trustees, officers, including the CEO/Executive Director, regarding the items checked		Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensatio organization's CEO/Executive Director Check all that apply Do not check any boxes for meth used by a related organization to establish compensation of the CEO/Executive Director, but e	ods		
	▼ Compensation committee     ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compens	ation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization		
а	a Receive a severance payment or change-of-control payment?	4a		No
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	c 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	ın Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of	any		
а	a The organization?	5a		
b	<b>b</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 compensation contingent on the net earnings of	any		
а	a The organization?	6a		
b	<b>b</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 n payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed <b>7</b>		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ section $534958-6(c)$ ?	ped in Regulations		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement		(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

iso complete this part for any additional information								
Return Reference	Explanation							
SCHEDULE J, PART I, LINE 1A	LEADERSHIP TEAM MEMBERS ARE ELIGIBLE TO BOOK A BUSINESS CLASS FARE (REGARDLESS OF FLIGHT TIME OR SEGMENT MILEAGE) ON FLIGHTS THAT OFFER BUSINESS CLASS SEATS IF BUSINESS CLASS SEATS ARE UNAVAILABLE OR NOT OFFERED (BASED ON ROUTE, CARRIER OR AIRCRAFT), THE TRAVELER IS ELIGIBLE TO BOOK A FIRST CLASS FARE FOR ROUTES IN EXCESS OF 1500 MILES, OTHERWISE, THE TRAVELER IS ENCOURAGED TO BOOK THE MOST ECONOMICAL FARE OPTION FOR THE REQUIRED ITINERARY 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, PART II, COLUMN B (III)	OTHER REPORTABLE COMPENSATION REFLECTED IN B(III) INCLUDES EXPATRIATE COMPENSATION							
FORM 990 PART VII, COLUMN D	ALAN M MEDER, \$2,067 RELATES TO 2 FOR 1 COMPANION TRAVEL							

Schedule J (Form 990) 2013

# Software ID: Software Version:

EIN: 54-1386480
Name: CFA INSTITUTE

Form 990, Schedule J,	Part I	<u> I - Officers, Direc</u>	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	<u>;</u>	1
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	( <b>F)</b> Compensation reported in prior Form
		(ii) Base Compensation (ii) Bonus & Incentive compensation		(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN ROGERS CFA PRESIDENT & CEO - EXITED 5/31/14	(ı) (ıı)		781,733	5,266	70,600 0	18,859 0	1,469,596	40,000
TIMOTHY G MCLAUGHLIN CFA CHIEF FINANCIAL OFFICER	(I) (II)		219,090	8,343	52,916 0	14,054 0	621,711	22,316 0
ASHVIN P VIBHAKAR CFA SENIOR ADVISOR	(1) (11)		200,115	57,484	48,178 0	13,615 0	623,467	21,974 0
ELAINE CHENG MANAGING DIRECTOR	(I) (II)	0	0	3,327	47,266 0	17,712 0	468,453	16,666 0
DONNA MARSHALL MANAGING DIRECTOR	(I) (II)	0	0	5,562	49,600 0	13,715 0	539,455	19,000 0
JAN R SQUIRES CFA MANAGING DIRECTOR	(1) (11)	0	0	10,735	55,320 0	14,301 0	697,184	24,720 0
CAROL J ANDERSON GENERAL COUNSEL- EXITED 8/31/14	(I) (II)	0	0	2,565	51,266 0	17,529 0	569,654	20,666 0
KURT N SCHACHT CFA MANAGING DIRECTOR	(1) (11)	0	0	7,244	55,320 0	18,383 0	635,173	24,720 0
NITIN MEHTA CFA MANAGING DIRECTOR	(I) (II)	0	0	7,270	21,636 0	6,915 0	492,289	21,636 0
RAYMOND J DEANGELO MANAGING DIRECTOR	(1) (11)		225,548	16,337	55,320 0	13,701 0	676,010	24,720 0
THOMAS ROBINSON CFA MANAGING DIRECTOR	(I) (II)		240,043	23,278	55,266 0	14,296 0	695,441	24,666 0
PETER B MACKEY CFA HEAD CFA EXAMINATIONS	(I) (II)	312,980 0	84,679	7,694	30,600 0	13,221 0	449,174	0
SANDRA PETERS HEAD PROFESSIONAL EDUCATION	(I) (II)		109,208	517	30,600 0	13,221 0	451,444	0
STEPHEN M HORAN CFA MANAGING DIRECTOR	(I) (II)		98,199	4,641	40,600 0	17,914 0	451,596	3,750 0
JOHN BOWMAN MANAGING DIRECTOR	(I) (II)		95,211	925,094	48,934 0	17,748 0	1,354,907	3,438 0
PAUL SMITH MANAGING DIRECTOR	(I) (II)		152,054	0	24,662 0	21,835 0	571,041	0
ROBERT LAMY HEAD, CURRICULUM DEVELOPMENT	(I) (II)	0	0	8,265	30,600 0	18,073 0	380,355	0
DENNIS MCLEAVEY HEAD, REGULATOR (EXITED 2/2014)	(I) (II)		50,114	12,253	30,600 0	12,906 0	347,446	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493195010025

OMB No 1545-0047

2013

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number CFA INSTITUTE 54-1386480

Return Reference	Explanation
OTHER PROGRAM	CFA INSTITUTE ALSO DEVELOPES 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, A CERTIFICATION PROGRAM FOR PROFESSIONALS THAT INTERPRET, PRESENT AND EXPLAIN INVESTMENT PERFORMANCE AND PRODUCTS, INCLUDING SELECTIONS AND EVALUATING INVESTMENT MANAGERS, AND THE CLARITAS INVESTMENT CERTIFICATE, CAREER DEVELOPMENT SERVICES, AND OTHER NETWORKING-TYPE SERVICES DESIGNED TO FACILIATE DISCUSSION AND CAMARADERIE AMONG MEMBERS

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

Return Reference	Explanation
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

Return Reference	Explanation
PART VI, LINE 12C	THE CONFLICT OF INTEREST STATEMENTS ARE COLLECTED ANNUALLY STAFF DISCLOSURES MAY BE DIRECTED TO ANY MEMBER OF THE 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

Return Reference	Explanation
PART VI, LINES 15A & 15B	THE ORGANIZATION USED A SPECIALIST CONSULTING FIRM TO REVIEW MARKET DATA FOR THE PRESIDENT & CEO, CFO, AS WELL AS MANAGING DIRECTORS AT CFA INSTITUTE PEER GROUP SELECTION SPANNED DIFFERENT INDUSTRY SECTORS INCLUDING NOT-FOR-PROFIT FIRMS, FINANCIAL SERVICES FIRMS, ACADEMIA AND HIGHER EDUCATION, AND GENERAL INDUSTRY THE NOT-FOR-PROFIT PEER GROUP SELECTION WAS BASED ON CRITERIA THAT INCLUDED MISSION, REVENUE, HEADCOUNT AND GLOBAL PRESENCE PAY DATA FOR THIS PEER GROUP WAS COLLECTED AND PUBLICLY DISCLOSED BY IRS FORM 990S DATA FOR THE OTHER INDUSTRY SECTORS WAS SOURCED USING BOTH THIRD-PARTY SURVEY DATA AND INFORMATION DISCLOSED ON PUBLIC FILINGS TO ENSURE ONGOING AND EFFECTIVE CORPORATE GOVERNANCE, THE BOARD OF GOVERNORS UTILIZES A COMPENSATION AND GOVERNANCE (CGC) COMMITTEE. IT IS COMPRISED OF FIVE GOVERNORS WHO ARE INDEPENDENT OF THE MANAGEMENT OF CFA INSTITUTE, AND ARE FREE OF ANY RELATIONSHIP THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGMENT. THE COMPENSATION AND GOVERNANCE COMMITTEE SETS THE COMPENSATION OF THE CEO AND ENSURES THAT INDEPENDENT COMPARATIVE COMPENSATION STUDIES ARE CONDUCTED PERIODICALLY TO GAUGE THE COMPETITIVENESS OF EXECUTIVE COMPENSATION OF CFA INSTITUTE.

Return Reference	Explanation
,	THE ORGANIZATION HAS BEEN OPERATING UNDER A DRAFT POLICY DURING THE YEAR COVERED BY THIS RETURN THE POLICY HAS SINCE BEEN APPROVED BY MANAGEMENT AND IS PENDING BOARD APPROVAL

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

#### DLN: 93493195010025

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

CFA INSTITUTE

**Employer identification number** 

54-1386480

			Form 990, Part	IV, IIIIE 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) CFA INSTITUTE CHINA LIMITED 1401 HUTCHISON HOUSE 10 HARCOURT RD HK 98-0615079	PROF ORG	НК	-196,349	160,921	CFA INSTITUT		
(2) CFA INSTITUTE INDIA PRIVATE LTD 103 NAMAN CENTER MUMBAI IN 98-1196398	PROF ORG	IN	0	0	CFA INSTITUT		
(3) CFA GLOBAL HOLDINGS LLC PO BOX 2083 CHARLOTTESVILLE, VA 22902 47-1269465	HOLDINGS	VA	0	0	CFA INSTITUT		
Part II Identification of Related Tax-Exempt C	<b>Prganizations</b> Complete If	the organization an	swered "Yes" or	Form 990. Par	rt IV. line 34 because ii	had or	ne .
or more related tax-exempt organizations d  (a)  Name, address, and EIN of related organization	uring the tax year.  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)	(f) atus Direct controlling	Section (13) co	<b>g)</b> n 512(
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Exempt Code section	( <b>e)</b> Public charity st	atus Direct controlling entity	Section (13) co	g) n 512( ontrolle tity?
(a) Name, address, and EIN of related organization  (1) CFA INSTITUTE RESEARCH FOUNDATION PO BOX 2083	(b)	Legal domicile (state	(d)	( <b>e)</b> Public charity st	(f) atus Direct controlling	Section (13) cc ent	<b>g)</b> n 512(l
(a) Name, address, and EIN of related organization  (1) CFA INSTITUTE RESEARCH FOUNDATION	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Exempt Code section	( <b>e)</b> Public charity st	atus Direct controlling entity	Section (13) co ent <b>Yes</b>	g) n 512( ontrolle tity?
(a) Name, address, and EIN of related organization  (1) CFA INSTITUTE RESEARCH FOUNDATION PO BOX 2083 CHARLOTTESVILLE, VA 22902	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Exempt Code section	( <b>e)</b> Public charity st	atus Direct controlling entity	Section (13) co ent <b>Yes</b>	g) n 512( ontrolle tity?
(a) Name, address, and EIN of related organization  (1) CFA INSTITUTE RESEARCH FOUNDATION PO BOX 2083 CHARLOTTESVILLE, VA 22902	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Exempt Code section	( <b>e)</b> Public charity st	atus Direct controlling entity	Section (13) co ent <b>Yes</b>	g) n 512( ontrolle tity?
(a) Name, address, and EIN of related organization  (1) CFA INSTITUTE RESEARCH FOUNDATION PO BOX 2083 CHARLOTTESVILLE, VA 22902	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Exempt Code section	( <b>e)</b> Public charity st	atus Direct controlling entity	Section (13) co ent <b>Yes</b>	g) n 512( ontrolle tity?

Part III	Identification of Related Organizations Taxab	le as a Par	tnersh	nip Comple	te ıf the orga	anization a	answered "Y	es" on Forn	n 990, Part	IV, line	34
	because it had one or more related organizations tre	eated as a p	artners	ship during	the tax year						
								41. 1	40.5		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end- of-year assets	(h) Disprop allocati	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or iging	<b>(k)</b> Percentage ownership
MA CITUE OPEN HIND II C	D/E LEACTING	1/4	COLL THIS	,	10.404	40 244 244	Yes	No		Yes	$\overline{}$	
	R/E LEASING	VA	COH INC		18,481	49,211,244		No	0		No	
PO BOX 2083 CHARLOTT, VA 22902 90-0857224												
(2) CVILLE MASTER TENANT LLC	R/E LEASING	VA	COH INC		0	4,521		No	0		No	
PO BOX 2083 CHARLOTT, VA 22902 80-0825436												

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i Section (b)( contro entr	13) olled ty?
								Yes	No
(1) CVILLE OPERATIONS HOLDINGS INC PO BOX 2083 CHARLOTTESVILLE, VA 22902 45-5449709	REAL ESTATE	VA	CFA INSTITUTE	C CORP	13,699	6,949,845	100 000 %	Yes	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule											
1 During the tax year, did the orgranization engage in any of the following transactions with one or mor	re related organizations li	sted in Parts II-IV?		$\sqcap$		No					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity											
<ul> <li>Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> <li>Gift, grant, or capital contribution to related organization(s)</li> </ul>											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
				$\vdash$							
f Dividends from related organization(s)											
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lease of facilities, equipment, or other assets from related organization(s)											
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
• Sharing of paid employees with related organization(s)				10	Yes						
p Reimbursement paid to related organization(s) for expenses											
q Reimbursement paid by related organization(s) for expenses											
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)											
2 If the answer to any of the above is "Yes," see the instructions for information on who must comp											
(a) (b) (c) (d)  Name of related organization Transaction type (a-s)											
L) CFA INSTITUTE RESEARCH FOUNDATION	N,O	728,000	HISTORICAL COST								
2) CFA INSTITUTE RESEARCH FOUNDATION B 160,521 HISTORICAL COST											
3) CVILLE MASTER TENANTILC	K	2 170 200	HISTORICAL COST								
OF CVILLE PROJEK TENANTILC	<u></u>	2,170,208	INDIORICAL COST								
	i	1									

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																		
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?						(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
												]						
												$\Box$						
	•																	

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013