# \*\*\*PUBLIC INSPECTION COPY\*\*\*

Form **990** 

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

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

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2018	calend	dar y	ear, or ta	x yea	r begin	ning			09/	′01 , <b>2018</b>	3, and	l ending	l			08	/31, <b>20</b> 19	_
				<u> </u>	rganization	_		<u>-</u>				,	,			D Employer	iden		tion number	_
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May	/ the	IRS di	iscuss	this	return w	ith th	ne prei	pare	r shown at	ove?	? (see ir	structions	;)						X Yes N	10

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					_
	ons required to file an income tax return othe		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships.	RE	MICs.	and trust	s
	rm 7004 to request an extension of time to fi			,,,		- ,		
	'			Enter filer's identifyin	g nu	mber, s	see instruc	tions
	Name of exempt organization or other filer, see in	structions.		Employer identification nu				
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orint	CFA INSTITUTE			54-138648	0			
ile by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	SN)			
lue date for iling your	P.O. BOX 2083			, ,	,			
eturn. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					
nstructions.	CHARLOTTESVILLE, VA 22902-2083	3						
Entar the Po	sturn Code for the return that this application	ic for (file	a congrate application f	or each return)			0	1
inter the Re	eturn Code for the return that this application	is for (file a	a separate application i	or each return)	• •			
Application		Return	Application				Retu	rn
s For		Code	Is For				Cod	е
	Form 990-EZ	01	Form 990-T (corporat	tion)			07	
orm 990-BL		02	Form 1041-A				08	
orm 4720 (		03	Form 4720 (other tha	an individual)			09	
Form 990-PF		04	Form 5227				10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
	JEFF KNIGHTON		•					
The books	s are in the care of > 915 EAST HIGH ST	TREET CH	HARLOTTESVILLE V	7A 22902-2083				
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Telephone	e No. ▶ 434 951-5499	F	Fax No. ▶					
•	anization does not have an office or place of I			ck this box			▶ [	
	or a Group Return, enter the organizati <u>on'</u> s fou						his is	
or the whole	e group, check this box	f it is for pa	art of the group, check t	this box		– and a	ttach	
	e names and EINs of all members the extensi							
1 I reque	st an automatic 6-month extension of time ur	ntil	07/15 , 20	20 , to file the exempt	org	aniza	tion retur	n
for the	organization named above. The extension is	for the org						
▶ □	calendar year 20 or							
► X	tax year beginning09/0	1 , 20 18	B, and ending	08/31,	20	19		
2 If the ta	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn 🔃 Final returr	า			
C	hange in accounting period							
3a If this a	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the	tentative tax, less any				
nonrefu	undable credits. See instructions.				3a	\$		0.
<b>b</b> If this	application is for Forms 990-PF, 990-T,	4720, oi	r 6069, enter any re	efundable credits and				
	ted tax payments made. Include any prior yea				3b	\$		0.
c Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	equired, by using EFTPS				
(Electro	onic Federal Tax Payment System). See instru	ctions.			3с	\$		0.
Caution: If you	are going to make an electronic funds withdrawal	I (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	1 88 r	′9-EO	for payme	ent
nstructions.								
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n <b>886</b> 8	<b>B</b> (Rev. 1-2	2019)

Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: CFA INSTITUTE IS THE GLOBAL, NON-PROFIT PROFESSIONAL MEMBERSHIP ASSOCIATION THAT ADMINISTERS THE CHARTERED FINANCIAL ANALYST (CFA) CERTIFICATE AND MORE. SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program X No Yes If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ THE CHARTERED FINANCIAL ANALYST (CFA) PROGRAM: THE ORGANIZATION ADMINISTERS THE WORLD-RENOWNED CFA PROGRAM, A THREE-LEVEL, EDUCATION AND EXAMINATION PROGRAM COVERING TOPICS ESSENTIAL TO THE INVESTMENT DECISION-MAKING PROCESS. PROGRAM TOPICS FORM THE CANDIDATE BODY OF KNOWLEDGE AND INCLUDE ETHICAL AND PROFESSIONAL STANDARDS, QUANTITATIVE METHODS, ECONOMICS, FINANCIAL STATEMENT REPORTING AND ANALYSIS, CORPORATE FINANCE, EQUITY AND FIXED-INCOME ANALYSIS, ALTERNATIVE INVESTMENTS, DERIVATIVES, PORTFOLIO MANAGEMENT, AND WEALTH PLANNING. 4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ PROFESSIONAL DEVELOPMENT MEMBER SERVICES: THE ORGANIZATION PROMOTES LIFELONG LEARNING BY SPONSORING AND DISSEMINATING A VARIETY OF EDUCATIONAL CONTENT TO INVESTMENT PROFESSIONALS ON TOPICS RELEVANT TO THE PROFESSION. IT ALSO PROVIDES CAREER DEVELOPMENT RESOURCES, CREATES AFFILIATION AND NETWORKING OPPORTUNITIES, AND PROMOTES AWARENESS AND RECOGNITION OF MEMBER CREDENTIALS TO THE INDUSTRY AND INVESTING PUBLIC. **4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ STANDARDS ADVOCACY, AND THOUGHT LEADERSHIP: THE ORGANIZATION IS A LEADING VOICE ON ISSUES OF FAIRNESS, EFFICIENCY, AND INVESTOR PROTECTION IN GLOBAL CAPITAL MARKETS AND PROMOTES HIGH STANDARDS OF ETHICS, INTEGRITY, AND PROFESSIONAL EXCELLENCE WITHIN THE INVESTMENT COMMUNITY. THE ORGANIZATION ALSO PROMOTES AND ENFORCES THE CFA INSTITUTE CODE OF ETHICS AND STANDARDS OF PROFESSIONAL CONDUCT. ALL MEMBERS OF THE ORGANIZATION AND CANDIDATES IN THE CFA PROGRAM ARE REQUIRED TO ADHERE TO THIS CODE. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

**4e** Total program service expenses ▶

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.5
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7.7
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3.7	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251	Х	
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		21
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		J0		
i ait	Check if Schedule O contains a response or note to any line in this Part V			X
	Shook is concedud to contemboration of note to diff fine in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   460			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	, J		990	(2010

Form **990** (2018)

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rai	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
			Yes	No
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 2a 1,219			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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	X	
b	If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			v
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>9</u> 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand			7.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		3.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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

Section A. Governing Body and Management

Sect	ion 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	1a <sup>1</sup>	5		
	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	1b <sup>1</sup>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
	any other officer, director, trustee, or key employee?		2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or un	nder the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect or appoint			
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions und				
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
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 p	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review at	nd approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	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?		16b		<u> </u>
secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),		T (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				
	Own website Another's website X Upon request Other (explain in Sci	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of ir	terest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's ALLISON HOLMES 915 EAST HIGH STREET CHARLOTTESVILLE, VA 22902-2083 434-951-5499	books and reco	ds <b>&gt;</b>		

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than construction is both tor/trust employee	an	(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
		U	ee.			sated				
(1)HEATHER BRILLIANT, CFA BOARD & EXEC. COMMITTEE CHAIR (2)DIANE NORDIN, CFA	1.00 0. 1.00	Х		Х				0.	0.	0.
BOARD VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3)PAUL SMITH, CFA	40.00									
PRES & CEO & RESRCH FDN BD MEM	1.00	Х		Х				1,342,620.	0.	204,306.
(4)HUA YU, CFA	1.00									
SOCIETY ADVISORY CO-CHAIR	0.	Х						0.	0.	0.
(5)SUNIL SINGHANIA, CFA	1.00									
INVESTMENT COMMITTEE CHAIR	0.	X						0.	0.	0.
(6)ROBERT JENKINS, FSIP	1.00									
BOARD PAST CHAIR	1.00	X						5,023.	0.	0.
(7)DANIEL GAMBA, CFA	1.00									
AUDIT & RISK COMMITTEE CHAIR	0.	X						0.	0.	0.
(8) ZOUHEIR TAMIM EL JARKASS, CFA	1.00									
MEMBER, BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(9)ROBERT BRUNER, DBA	1.00							_	_	_
MEMBER, BOARD OF GOVERNORS	0.	X						0.	0.	0.
(10)GEOFFREY NG, CFA	1.00									
MEMBER, BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(11)DANIEL FASCIANO, CFA	1.00									
MEMBER, BOARD OF GOVERNORS	0.	X						0.	0.	0.
(12)ALEXANDER BIRKIN	1.00	37						0		_
MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(13)LEAH BENNETT, CFA MEMBER, BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(14)PUNITA KUMAR-SINHA, CFA	1.00		$\vdash$					0.	0.	
MEMBER, BOARD OF GOVERNORS	0.	Х						0.	0.	0.
THE DELLET OF GOVERNORD		21						1 0.	<u> </u>	<u> </u>

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Form 990 (2018) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			((	ر)			(D)	(E)	(F)
Name and title	Average	,,		Pos				Reportable	Reportable	Estimated
	hours per	١,				e than o is both		compensation	compensation from	amount of other
	week (list any hours for					or/trust		from the	related organizations	compensation
	related	or or	lns	Of.	₹ e	en Hi	Fo	organization	(W-2/1099-MISC)	from the
	organizations	dire	titu	Officer	y er	thes	Former	(W-2/1099-MISC)	(** =/ .00000)	organization
	below dotted	lual	tion	7	nplc	st co	٦	,		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	dmc				organizations
		itee	uste			ens				
			ĕ			Highest compensated employee				
15) MARIA WILTON, CFA	1.00									
MEMBER, BOARD OF GOVERNORS	0.	Х						0.	0.	0.
16) JOSEPH P. LANGE	40.00									
CORPORATE SECRETARY	·			Х				164,308.	0.	37,768.
17) DIANE BASILE, CFA	40.00							,		<u> </u>
CHIEF FIN. OFF. (EXIT 7/2019)	0.			Х				485,952.	0.	47,370.
18) JEFF KNIGHTON	40.00									
INTERIM CFO (EFF. 7/2019)	0.			Х				234,938.	0.	48,571.
19) ELAINE CHENG	40.00									
MANAGING DIR. (EXIT 3/2019)	0.				Х			426,470.	0.	54,107.
20) KURT N. SCHACHT, CFA	40.00									
MANAGING DIRECTOR	0.				Х			568,834.	0.	54,248.
21) STEPHEN M. HORAN, CFA	40.00									
MANAGING DIRECTOR	0.				Х			436,601.	0.	54,540.
22) SHERI LYNN LITTLEFIELD	40.00									
CHIEF LEGAL OFFICER	0.				Х			444,475.	0.	48,437.
23) MICHAEL COLLINS	40.00									
MANAGING DIRECTOR	0.				Х			427,595.	0.	54,671.
24) BJORN FORFANG	40.00									
MANAGING DIR. (EXIT 4/2019)	0.				Х			781,092.	0.	55,174.
25) DARIN GOODWILER	40.00									
MANAGING DIR. (EXIT 10/2018)	0.				Х			330,062.	0.	40,701.
1b Sub-total							<b>▶</b>	1,347,643.	0.	204,306.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	8,764,053.	0.	913,986.
d Total (add lines 1b and 1c)							$\blacktriangleright$	10,111,696.	0.	1,118,292.
2 Total number of individuals (including but not	limited to t	nose l	liste	d al	OOV	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨	246	5							
										Yes No
3 Did the organization list any former office	er. directo	r. or	tru	ıste	e.	kev e	ame	lovee, or highest	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	eum of rer	ortah	م ما	om	nan	eation	י בי	nd other company	sation from the	
organization and related organizations gro										
individual										4 X
5 Did any person listed on line 1a receive or										

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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

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Part VII

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	ar	(F) stimated nount o other npensati	f
	related organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fı org an	om the particular anization anization	on d
26) GARY BAKER MANAGING DIRECTOR	40.00				Х			468,121.	0.		45,3	222
27) NICK POLLARD	40.00							400,121.	0.		13,	
MANAGING DIRECTOR	0.				X			498,738.	0.		89,5	556.
28) CHRIS AINSWORTH	40.00										/ -	
MANAGING DIRECTOR	0.				Х			436,530.	0.		42,2	277.
29) EMILY DUNBAR	40.00											
MANAGING DIRECTOR	0.				Х			411,121.	0.		57,6	527.
30) JOHN BOWMAN	40.00											
MANAGING DIR. (EXIT 1/2018)	0.				Х			205,791.	0.		4,(	007.
31) SANDRA PETERS, CFA	40.00											
HEAD, FIN. REPORT POL. GROUP	0.					Х		400,219.	0.		48,8	<u> 361.</u>
32) TONY TAN HEAD, ETHICS, STANDARD CONDUCT	40.00					Х		415,441.	0.		12,9	954.
33) ROB GOWEN	40.00											
HEAD, PROD. SOL EXIT 11/2018	0.					Х		372,410.	0.		40,9	}71.
34) RAHUL KESHAP	40.00								_			
HEAD, CLARITAS - EXIT 12/2018	0.					Х		384,010.	0.		40,5	571.
35) JIALI JUN	40.00							204 165			26.6	252
SENIOR COUNTRY HEAD, CHINA	0.					X		384,165.	0.		36,2	253.
36) NITIN MEHTA FORMER MANAGING DIRECTOR	0.	-					Х	487,180.	0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organization	limited to the	hose	liste				o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х	
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	le d	com	per	satio	n ai	nd other compens	sation from the			
individual										4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on t	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

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### Part VIII Statement of Revenue

Par	t VIII	Statement of Reven Check if Schedule O co		nse or note to an	y line in this Part VII	l		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
ts,	С	Fundraising events	1c					
	d	Related organizations	1d					
Sin	е	Government grants (contribu	tions) 1e					
he he	f	All other contributions, gifts,	• '					
真트		and similar amounts not included						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included i			0.			
- 1	h	Total. Add lines 1a-1f		Business Code	0.			
Program Service Revenue	_	CANDIDATE FEES		900099	275,611,437.	275,611,437.		
Re	2a	EDUCATIONAL PRODUCTS		611710	65,859,788.	65,859,788.		
<u>8</u>	b	MEMBERSHIP DUES		900099	44,354,706.	44,354,706.		
er	C	ADVERTISING		900099	623,378.	11,331,700.	623,378.	
E S	d			300033	0237370.		023,370.	
gra	e f	All other program service rev	enue					
Pro	g	Total. Add lines 2a-2f			386,449,309.	•		
	3	Investment income (inc						
		and other similar amounts).	-		14,010,019.			14,010,019
	4	Income from investment of			0.			
	5	Royalties	<u> </u>	▶	499,610.			499,610
			(i) Real	(ii) Personal				
	6a	Gross rents	39,417.					
	b	Less: rental expenses						
	С	Rental income or (loss)	39,417.					
	d	Net rental income or (loss).			39,417.			39,417
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	136,578,998.					
	b	Less: cost or other basis						
		and sales expenses	120,155,105.	1,790,860.				
		Gain or (loss)	16,423,893.	-1,790,860.				
	d	ga o. ()			14,633,033.			14,633,033
ne	8a	Gross income from fundra	•					
Other Revenue		events (not including \$						
. Be		of contributions reported on		0.				
i.her		See Part IV, line 18						
ō	b C	Less: direct expenses  Net income or (loss) from fu			0.			
	9a	Gross income from gaming See Part IV, line 19	activities.	0.				
		Less: direct expenses	b		0.			
	с 10а	Net income or (loss) from g.  Gross sales of invento	ory, less		0.			
	b	returns and allowances Less: cost of goods sold	b					
	С	Net income or (loss) from sal			0.			
		Miscellaneous Revenue	<u>e</u>	Business Code				
	11a	SERVICE FEE REP. OFFICE		900099	223,042.	223,042.		22
	b	MAILING LIST		900099	207,170.	205 200		207,170.
	С	MISCELLANEOUS		900099	395,390.	395,390.		
	d	All other revenue			825,602.			
	e 12	Total Add lines 11a-11d			416,456,990.	386,444,363.	623,378.	29,389,249.
	12	Total revenue. See instructio	110		T10, T30, 330.	JUU, TTT, 303.	023,376.	Form <b>990</b> (2018)

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# 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).

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,391,377.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	14,066,078.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	8,246,409.			
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	69,585,703.			
8	Pension plan accruals and contributions (include	7 400 055			
	section 401(k) and 403(b) employer contributions)	7,482,255.			
9	Other employee benefits	9,391,177.			
10	Payroll taxes	5,006,653.			
	Fees for services (non-employees):	147 055			
а	Management	147,855.			
	Legal	8,636,744.			
	Accounting	201,600.			
	Lobbying	201,000.			
	Professional fundraising services. See Part IV, line 17	145,983.			
	f Investment management fees	143,903.			
Q	Other. (If line 11g amount exceeds 10% of line 25, column	3,974,107.			
	(A) amount, list line 11g expenses on Schedule O.)	39,705,221.			
	Advertising and promotion	29,669,536.			
	Office expenses	20,509,999.			
	Information technology	1,643.			
	Royalties	9,799,858.			
	Occupancy	33,916,517.			
	Payments of travel or entertainment expenses	33,722,732.73			
10	for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	6,554,165.			
	Interest	4,941.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	10,345,655.			
	Insurance	1,934,416.			
	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.)				
a	EXAM ADMINISTRATION EXPENSES	52,580,011.			
b	PRODUCT MERCHANDISE COSTS	12,393,321.			
c	CONTRACT LABOR & RECRUITMENT	3,991,978.			
c	STAFF TRAINING	1,212,305.			
e	All other expenses	2,530,667.			
25	Total functional expenses. Add lines 1 through 24e	365,537,251.			
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)	0.			

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# Part X Balance Sheet

	ILA						
		Check if Schedule O contains a response o	r note	to any line in this Pa	art X		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			13,683,830.	1	20,708,901.
	2	Savings and temporary cash investments			69,850,460.	2	71,944,816.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			5,577,721.	4	5,815,384.
	5	Loans and other receivables from current and	former	officers, directors.			
		trustees, key employees, and highest co					
		O I . t . D t II . t O . l d . d . d	•		0.	5	0.
	6	Loans and other receivables from other disqualified personal					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche	intary en edule L	inployees belieficially	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			1,431,247.	8	1,494,801.
_	9	Prepaid expenses and deferred charges			15,277,496.	9	21,291,195.
	10 a	Land, buildings, and equipment: cost or					
			10a	23,508,306.			
	b	Less: accumulated depreciation	10b	17,559,742.	6,428,130.	10c	5,948,564.
	11	Investments - publicly traded securities	431,277,864.	11	466,934,368.		
	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	23,155,696.	14	23,354,547.		
	15	Other assets. See Part IV, line 11			12,624,078.	15	12,635,353.
	16	Total assets. Add lines 1 through 15 (must equal			579,306,522.	16	630,127,929.
	17	Accounts payable and accrued expenses			43,260,954.	17	41,933,900.
	18	Grants payable		0.	18	0.	
	19	Deferred revenue	207,775,365.	19	220,311,518.		
	20	Tax-exempt bond liabilities	0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa	art IV of	Schedule D	0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen	_		_		
jab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			F 412 200		2 045 050
		of Schedule D			5,413,302.	25	3,845,070.
	26	Total liabilities. Add lines 17 through 25			256,449,621.	26	266,090,488.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check l	here ► X and			
Fund Balances	27	Unrestricted net assets			322,856,901.	27	364,037,441.
Bal	28	Temporarily restricted net assets			0.	28	0.
pu	29	Permanently restricted net assets		<u></u> [	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check	here 🕨 🔛 and			
	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ipment	fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33				322,856,901.	33	364,037,441.
_	34	Total liabilities and net assets/fund balances		<u></u>	579,306,522.	34	630,127,929.
							Eorm <b>990</b> (2018)

Form **990** (2018)

Form 990 (2018) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		116,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	365,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		50,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	322,8		
5	Net unrealized gains (losses) on investments	5		-9,7	39,1	.99.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3	364,0	37,4	41.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.			_		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			26	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Δ.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted o	n a			
	Separate basis, Consolidated basis, or both.  Separate basis  X  Consolidated basis  Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the good to be still a solution of the financial statements and calculation of the financial statements.		-	2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiaii	1 111			
2 ~	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in			
sa	the Single Audit Act and OMB Circular A-133?	LIOILI	1 111	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erac	the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		1110	3b		

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

**Open to Public** Inspection

Internal Revenue Service

If the organization answered "Yes," on 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," on 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.

If the organization answered "Yes." on Form 990 Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax)	(see separate instructions), then		rax) (see separate ii	istructions, or Form 990-1	EZ, FAIT V, IIIIE 33C (FIOX)
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Fundamentida	utification musches
	e of organization				ntification number
	INSTITUTE		(' 504/ )	54-1386	
	-	organization is exempt under			
1	•	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see ir	structions for
	definition of "political campa	•			
		xpenditures (see instructions)			
		campaign activities (see instruction			
Par	<u> </u>	organization is exempt under s			
1		ise tax incurred by the organizatio			
2		sise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		
					Yes _ No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2	Enter the amount of the filir	ng organization's funds contributed	l to other organizati	ons for section	
	527 exempt function activities	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
	line 17b				
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		<ul> <li>For each organization listed, en ributions received that were prom</li> </ul>			
		nd or a political action committee (I			
	·		· · · · · ·	(d) Amount paid from	
	(a) Name	(b) Address	(c) EIN	filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 CFA INSTITUTE 54-1386480 Page **2** 

Pa	art II-A Complete if the organization section 501(h)).	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under			
A	Check ► if the filing organization be address, EIN, expenses,				ch affiliated group mem	ber's name,			
В	Check ▶ if the filing organization ch	ecked box	A and "limited contro	ol" provisions app	y.				
	Limits on Lobl (The term "expenditures" m	.)	(a) Filing organization's totals	(b) Affiliated group totals					
18	Total lobbying expenditures to influence	public opin	ion (grass roots lobl	bying)					
	Total lobbying expenditures to influence								
	Total lobbying expenditures (add lines 1	_							
	Other exempt purpose expenditures								
	Total exempt purpose expenditures (ad								
	Lobbying nontaxable amount. Enter the		•	_					
	columns.		J						
	If the amount on line 1e, column (a) or (b) is	The lobbyir	ng nontaxable amount	is:					
	Not over \$500,000		amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 p	us 15% of the excess	over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	us 5% of the excess of	over \$1,500,000.					
	Over \$17,000,000								
	g Grassroots nontaxable amount (enter 25% of line 1f)								
ł	Subtract line 1g from line 1a. If zero or l	ess, enter -0							
i	i Subtract line 1f from line 1c. If zero or less, enter -0-								
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720									
	reporting section 4911 tax for this year?	·				Yes No			
		4-Year Ave	aging Period Unde	r Section 501(h)					
	(Some organizations that made	a section 50	11(h) election do no	t have to comple	te all of the five colum	ns below.			
	See	the separa	te instructions for l	ines 2a through	2f.)				
	Lob	bying Expe	nditures During 4-Y	ear Averaging Per	iod				
	Calendar year (or fiscal year (a beginning in)	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total			
28	Lobbying nontaxable amount								
ŀ	Lobbying ceiling amount (150% of line 2a, column (e))								
C									
	Total lobbying expenditures								
(	Total lobbying expenditures  I Grassroots nontaxable amount								

Schedule C (Form 990 or 990-EZ) 2018

Part II-I		T file	d For	m 576	8	Page 3
	(election under section 501(h)).	(:	a)		(b)	
	th "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ion of the lobbying activity.	Yes	No		Amoun	t
1 Dun leg refe a Vol b Pais c Me d Ma e Pul f Grag Dire h Rali Ottr j Tot 2a Did b If "	ring the year, did the filing organization attempt to influence foreign, national, state, or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of: funteers?  d staff or management (include compensation in expenses reported on lines 1c through 1i)? dia advertisements?  dilings to members, legislators, or the public? polications, or published or broadcast statements? ants to other organizations for lobbying purposes?  ect contact with legislators, their staffs, government officials, or a legislative body?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  let activities?  al. Add lines 1c through 1i  the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes," enter the amount of any tax incurred under section 4912		No		Amoun	
d If th	Yes," enter the amount of any tax incurred by organization managers under section 4912		, or s	section	<b>1</b>	
<ul><li>2 Did</li><li>3 Did</li></ul>	the organization make only in-house lobbying expenditures of \$2,000 or less?  the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from 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 "No," answered "Yes."	om the	prior , <b>or</b> s	year? section	1 2 3	es No X X X
1 Due	es, assessments and similar amounts from members			1	44,35	54,706
<ul> <li>2 Secondary</li> <li>a Curry</li> <li>b Carry</li> <li>c Tot</li> <li>3 Agg</li> </ul>	ction 162(e) nondeductible lobbying and political expenditures (do not include amo itical expenses for which the section 527(f) tax was paid). Then tyear	unts	of	2a 2b 2c 3		75,175 75,175
	·					
and 5 Tax	l political expenditure next year?			5	8'	75,175
c Tot 3 Agg 4 If n exc and 5 Tax Part IV	al	ies n of th	ne ng	2c 3 4 5	8'	75,1

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2018

### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

CFI	A INSTITUTE	54-1386480
Pa	Organizations Maintaining Donor Advised Funds or Other Simila	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the a	assets held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal	control? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing t	hat grant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	ly).
	Preservation of land for public use (e.g., recreation or education)	reservation of a historically important land area
	Protection of natural habitat	reservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and	not on a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished	d, or terminated by the organization during the
	tax year <b>&gt;</b>	
4	Number of states where property subject to conservation easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding the periodic monitoring	ng, inspection, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and e	enforcing conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its	· · · · · · · · · · · · · · · · · · ·
	balance sheet, and include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the
	organization's accounting for conservation easements.	0/1 0/1 1/1 4
Pa	organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" on Form 990, Part IV	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re works of art, historical treasures, or other similar assets held for public exhibits and the second	port in its revenue statement and balance shee
	public service, provide, in Part XIII, the text of the footnote to its financial stateme	nts that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep	ort in its revenue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition and the fall public exhibition as the second of the sec	ibition, education, or research in furtherance o
	public service, provide the following amounts relating to these items:	<b>&gt;</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or oth	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to	these items:
a b	Revenue included on Form 990, Part VIII, line 1	
D	ASSEIS INCIDURED IN FORM 990, PAR A	

Schedule D (Form 990) 2018 Page 2

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures	s, or	Other	Similar Asset	s (coi	ntinued)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, checl	k any o	of the	follow	ing that are a	signifi	cant use	of its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	Loan	or excha	ange	prograi	ms			
b	Scholarly research			e	Other							
С	Preservation for future gene	rations			_							
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey fur	rther	the org	ganization's exe	mpt p	urpose i	n Part
	XIII.											
5	During the year, did the organization	n solicit o	or receive o	donations o	of art, histo	orical tr	easu	res, or	other similar			
	assets to be sold to raise funds rath	er than t	o be maint	ained as pa	art of the	organiza	ation'	s collec	ction?		Yes	No
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, truste	e, custo	dian or othe	er intermed	diary for c	ontribut	tions	or othe	r assets not			
	included on Form 990, Part X?									. $\square$	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	II and com	olete the fo	llowing tab	ole:					_	
									Amo	unt		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am						or cu	stodial	account liability?		Yes	No
b	If "Yes," explain the arrangement i	n Part XII	II. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Pa	rt V Endowment Funds.											
	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990, F							
		<b>(a)</b> Cui	rrent year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three years ba	ick (	<b>e)</b> Four yea	rs back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g,	column	n (a))	held as	<u>.</u>			
а	Board designated or quasi-endown	nent ▶_		_%	,		. ,,					
b	Permanent endowment ▶	%										
С	Temporarily restricted endowment	▶	%									
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%.								
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are hel	d and	d admir	istered for the			
	organization by:									_	Yes	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations									[	3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi:	zations liste	ed as require	ed on Sch	edule R	₹?			[	3b	
4	Describe in Part XIII the intended u											
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	sworod "V	oc" on Eo	rm 000 l	Dort IV	lino	110	Soo Form 000	Dort	V line 1	0
	Description of property	auon and		other basis	(b) Cost				cumulated		Book value	<u> </u>
				tment)		ther)			eciation	\-, -		
1 a	Land											
b	Buildings											
С	Leasehold improvements					29,71	_		66,822.		3,162	
d	Equipment				17,4	78,59	91.	14,6	92,920.		2,785	671.
	Other					,					<b>5</b> 6 4 6	
<b>Fota</b>	I. Add lines 1a through 1e. (Column	(d) musi	t eaual Forr	n 990. Part	X. columi	n (B). lir	าe 10	C.)	<b>▶</b>		5,948	,564.

Schedule D (Form 990) 2018

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities. Complete if the organization answered	L"Yes" on Form 990	. Part IV. lir	ne 11b. See Form 990	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	, - 4	(c) Method of valuate Cost or end-of-year mark	tion:
/1) Einanci	, ,			,	
	al derivatives -held equity interests				
	-neid equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, Iir	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valua	tion:
	,	, ,		Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, lir	ne 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	scription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u>.</u>	<u></u>	
Part X	Other Liabilities.  Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, Iir	ne 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	е		
(1) Feder	ral income taxes				
(2) DEFE	RRED COMPENSATION	1,895,	919.		
	R TAXES PAYABLE	1,780,	378.		
(4) UNCL	AIMED PROPERTY	159,	441.		
(5) SOCI	ETY DUES PAYABLE	8,	332.		
(6)					
(7)	<u> </u>				
(8)	<u> </u>				
(9)					
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 3,845,	70.		

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 8E1270 1.000

Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	414,268,490.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-3,979,362.
3	Subtract line 2e from line 1	3	418,247,852.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	-1,790,862.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	416,456,990.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	373,087,950.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	7,550,699.
3	Subtract line 2e from line 1	3	365,537,251.
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.)		
	Add lines 4a and 4b	4c	365,537,251.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	303,337,231.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V I	ine 4: Part X line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

CFA INSTITUTE HAS PERFORMED AN EVALUATION OF ITS UNRELATED BUSINESS INCOME AND HAS MAINTAINED ITS TAX EXEMPT STATUS. CFA INSTITUTE HAS DETERMINED 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.

SCHEDULE D, PART XI, LINE 4B
LOSS ON DISPOSAL OF ASSETS (\$1,790,862)

SCHEDULE D, PART XII, LINE 2D
LOSS ON DISPOSAL OF ASSETS \$1,790,862

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

54-1386480

Department of the Treasury Internal Revenue Service Name of the organization CFA INSTITUTE

Employer identification number

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the organsistance, the grantees' eligibility grants or assistance?	ity for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follo	wing Part I, line	3 table can be	duplicated if additional sp	pace is needed.)	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA	1.	5.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	2,089,522.
(2)	EUROPE	2.	78.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	22,241,829.
(3)	EAST ASIA AND THE PACIFIC	6.	84.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	32,833,628.
(4)	SOUTH ASIA	1.	12.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	4,151,371.
(5)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	115,716.
(6)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	1,940,725.
(7)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	58,412.
(8)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	169,230.
(9)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	MEMBER & ADMIN SUPPORT	330,783.
(10)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	N/A	2,472,782.
(11)	EUROPE	0.	0.	GRANTMAKING	N/A	4,682,459.
(12)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	N/A	1,216,272.
(13)	NORTH AMERICA	0.	0.	GRANTMAKING	N/A	2,407,052.
(14)	RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING	N/A	210,605.
(15)	SOUTH AMERICA	0.	0.	GRANTMAKING	N/A	1,266,373.
(16)	SOUTH ASIA	0.	0.	GRANTMAKING	N/A	853,075.
<u> </u>	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	N/A	690,580.
3a	Subtotal	10.	179.			77,730,414.
b	Total from continuation sheets to Part I					266,881.

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

Schedule F (Form 990) 2018

77,997,295.

c Totals (add lines 3a and 3b)

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 54–1386480

CFA INSTITUTE				54-13864	80
<b>General Information of</b> Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	answered "Yes" on
1 For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ity for the gran	ts or assistanc	e, and the selection criteri	a used to award the	X Yes No
2 For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
3 Activities per Region. (The follow	wing Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	N/A	266,881.
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<ul><li>3a Subtotal</li><li>b Total from continuation sheets to Part I</li></ul>					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page **2** 

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			CENT. AMERICA/CARIBBEAN	GEN SUPPORT	40,587.	WIRE/CHECK		N/A	N/A	
(2)			CENT. AMERICA/CARIBBEAN	GEN SUPPORT	44,320.	WIRE/ CHECK		N/A	N/A	
(3)			CENT. AMERICA/CARIBBEAN	GEN SUPPORT	49,561.	WIRE/ CHECK		N/A	N/A	
(4)			CENT. AMERICA/CARIBBEAN	GEN SUPPORT	39,214.	WIRE/ CHECK		N/A	N/A	
(5)			CENT. AMERICA/CARIBBEAN	GEN SUPPORT	45,322.	WIRE/ CHECK		N/A	N/A	
(6)			CENT. AMERICA/CARIBBEAN	GEN SUPPORT	43,539.	WIRE/ CHECK		N/A	N/A	
(7)			SUB-SAHARAN AFRICA	GEN SUPPORT	134,239.	WIRE/ CHECK		N/A	N/A	
(8)			SIB-SAHARAN AFRICA	GEN SUDDORT	42 430	WIRE/ CHECK		N/A	N/A	

(12)	EAST ASIA/PACIFIC	GEN SUPPORT	59,001.	WIRE/ CHECK	N/A	N/A
(13)	EAST ASIA/PACIFIC	GEN SUPPORT	220,818.	WIRE/ CHECK	N/A	N/A
(14)	EAST ASIA/PACIFIC	GEN SUPPORT	400,857.	WIRE/CHECK	N/A	N/A
(15)	EAST ASIA/PACIFIC	GEN SUPPORT	125,278.	WIRE/CHECK	N/A	N/A
(16)	EAST ASIA/PACIFIC	GEN SUPPORT	95,630.	WIRE/ CHECK	N/A	N/A

GEN SUPPORT

GEN SUPPORT

GEN SUPPORT

253,183.

279,329.

90,400.

WIRE/ CHECK

WIRE/ CHECK

WIRE/ CHECK

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

N/A

N/A

N/A

N/A

N/A

N/A

(9)

(10)

(11)

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

EAST ASIA/PACIFIC

Page 2 Schedule F (Form 990) 2018

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 9 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			EAST ASIA/PACIFIC	GEN SUPPORT	123,022.	WIRE/ CHECK		N/A	N/A	
(2)			EAST ASIA/PACIFIC	GEN SUPPORT	66,681.	WIRE/CHECK		N/A	N/A	
(3)			EAST ASIA/PACIFIC	GEN SUPPORT	138,873.	WIRE/ CHECK		N/A	N/A	
(4)			EAST ASIA/PACIFIC	GEN SUPPORT	283,194.	WIRE/ CHECK		N/A	N/A	
(5)			EAST ASIA/PACIFIC	GEN SUPPORT	306,095.	WIRE/CHECK		N/A	N/A	
(6)			EAST ASIA/PACIFIC	GEN SUPPORT	71,678.	WIRE/CHECK		N/A	N/A	
(7)			EAST ASIA/PACIFIC	GEN SUPPORT	102,301.	WIRE/ CHECK		N/A	N/A	
(8)			EAST ASIA/PACIFIC	GEN SUPPORT	379,055.	WIRE/ CHECK		N/A	N/A	
(9)			EAST ASIA/PACIFIC	GEN SUPPORT	10,169.	WIRE/CHECK		N/A	N/A	
(10)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	56,592.	WIRE/CHECK		N/A	N/A	
(11)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	47,230.	WIRE/CHECK		N/A	N/A	
(12)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	117,947.	WIRE/CHECK		N/A	N/A	

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

GEN SUPPORT

GEN SUPPORT

GEN SUPPORT

GEN SUPPORT

40,000.

59,970.

112,814.

122,988.

WIRE/CHECK

WIRE/ CHECK

WIRE/CHECK

WIRE/CHECK

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N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

(13)

(14)

(15)

(16)

EUROPE/ICELAND/GREENLAND

EUROPE/ICELAND/GREENLAND

EUROPE/ICELAND/GREENLAND

EUROPE/ICELAND/GREENLAND

Schedule F (Form 990) 2018

Part II		Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	724,628.	WIRE/CHECK		N/A	N/A			
(2)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	115,272.	WIRE/CHECK		N/A	N/A			
(3)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	66,424.	WIRE/CHECK		N/A	N/A			
(4)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	96,879.	WIRE/CHECK		N/A	N/			
(5)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	91,966.	WIRE/CHECK		N/A	N/A			
(6)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	34,212.	WIRE/CHECK		N/A	N/A			
(7)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	70,539.	WIRE/CHECK		N/A	N/A			
(8)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	46,347.	WIRE/CHECK		N/A	N/A			
(9)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	49,084.	WIRE/CHECK		N/A	N/A			
(10)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	226,977.	WIRE/CHECK		N/A	N/A			
(11)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	71,051.	WIRE/CHECK		N/A	N/A			
(12)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	128,379.	WIRE/CHECK		N/A	N/A			
(13)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	46,100.	WIRE/CHECK		N/A	N/A			
(14)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	40,000.	WIRE/CHECK		N/A	N/A			
(15)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	57,360.	WIRE/CHECK		N/A	N/A			
(16)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	216,415.	WIRE/CHECK		N/A	N/A			

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

Schedule F (Form 990) 2018 Page **2** 

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on F Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
		T .	1		•	· ·			
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	46,047.	WIRE/CHECK		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	609,672.	WIRE/CHECK		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	801,349.	WIRE/CHECK		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	183,128.	WIRE/CHECK		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	124,197.	WIRE/CHECK		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	GEN SUPPORT	65,000.	WIRE/CHECK		N/A	N/A
(7)			SOUTH ASIA	GEN SUPPORT	49,636.	WIRE/CHECK		N/A	N/A
(8)			SOUTH ASIA	GEN SUPPORT	585,746.	WIRE/CHECK		N/A	N/A
(9)			SOUTH ASIA	GEN SUPPORT	133,298.	WIRE/CHECK		N/A	N/A
(10)			SOUTH ASIA	GEN SUPPORT	84,395.	WIRE/CHECK		N/A	N/A
(11)			RUSSIA/NEWLY IND. STATES	GEN SUPPORT	118,027.	WIRE/CHECK		N/A	N/A
(12)			RUSSIA/NEWLY IND. STATES	GEN SUPPORT	97,578.	WIRE/CHECK		N/A	N/A

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

GEN SUPPORT

GEN SUPPORT

GEN SUPPORT

GEN SUPPORT

84,771.

952,546.

50,084.

49,599.

WIRE/CHECK

WIRE/CHECK

WIRE/CHECK

WIRE/CHECK

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N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

(13)

(14)

(15)

(16)

SOUTH AMERICA

SOUTH AMERICA

SOUTH AMERICA

SOUTH AMERICA

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Part II	Grants and Other Assist Part IV, line 15, for any re							red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GEN SUPPORT	61,229.	WIRE/CHECK		N/A	N/A
(2)			SOUTH AMERICA	GEN SUPPORT	68,145.	WIRE/CHECK		N/A	N/A
(3)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	9,423.	WIRE/CHECK		N/A	N/A
(4)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	182,408.	WIRE/CHECK		N/A	N/A
(5)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	87,152.	WIRE/CHECK		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	71,465.	WIRE/CHECK		N/A	N/A
(7)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	58,589.	WIRE/CHECK		N/A	N/A
(8)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	136,555.	WIRE/CHECK		N/A	N/A
(9)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	52,300.	WIRE/CHECK		N/A	N/A
(10)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	45,800.	WIRE/CHECK		N/A	N/A
(11)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	52,184.	WIRE/CHECK		N/A	N/A
(12)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	40,000.	WIRE/CHECK		N/A	N/A
(13)			MIDDLE EAST/NORTH AFRICA	GEN SUPPORT	411,866.	WIRE/CHECK		N/A	N/A

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

GEN SUPPORT

GEN SUPPORT

GEN SUPPORT

40,000.

6,050.

82,444.

WIRE/CHECK

WIRE/CHECK

WIRE/CHECK

N/A

N/A

N/A

N/A

N/A

N/A

(14)

(15)

(16)

NORTH AMERICA

MIDDLE EAST/NORTH AFRICA

MIDDLE EAST/NORTH AFRICA

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on For Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	GEN SUPPORT	709,280.	WIRE/CHECK		N/A	N/A
(2)			NORTH AMERICA	GEN SUPPORT	147,937.	WIRE/CHECK		N/A	N/A
(3)			NORTH AMERICA	GEN SUPPORT	58,768.	WIRE/CHECK		N/A	N/A
(4)			NORTH AMERICA	GEN SUPPORT	587,248.	WIRE/CHECK		N/A	N/A
(5)			NORTH AMERICA	GEN SUPPORT	167,344.	WIRE/CHECK		N/A	N/A
(6)			NORTH AMERICA	GEN SUPPORT	260,285.	WIRE/CHECK		N/A	N/A
(7)			NORTH AMERICA	GEN SUPPORT	31,146.	WIRE/CHECK		N/A	N/A
(8)			NORTH AMERICA	GEN SUPPORT	45,166.	WIRE/CHECK		N/A	N/A
(9)			NORTH AMERICA	GEN SUPPORT	37,837.	WIRE/CHECK		N/A	N/A
(10)			NORTH AMERICA	GEN SUPPORT	230,039.	WIRE/CHECK		N/A	N/A
(11)			NORTH AMERICA	GEN SUPPORT	147,741.	WIRE/CHECK		N/A	N/A
(12)			NORTH AMERICA	GEN SUPPORT	50,210.	WIRE/CHECK		N/A	N/A
(13)			NORTH AMERICA	GEN SUPPORT	45,967.	WIRE/CHECK		N/A	N/A
(14)			NORTH AMERICA	GEN SUPPORT	11,471.	WIRE/CHECK		N/A	N/A
(15)									
(16)									
	ter total number of recipient orga								
3 En	the IRS, or for which the grantee ter total number of other organiz	or counsel has provations or entities	/ided a section 501(c)(3) e	equivalency lette	r 		▶		94.

Schedule F (Form 990) 2018 Page

### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) Amount of (g) Description (a) Type of grant or assistance (e) Manner of (f) Amount of (h) Method of noncash assistance valuation (book, FMV, recipients cash grant cash of noncash disbursement assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7) (8) \_(9) (10)(11) (12) (13)(14)(15)(16) (17)

(18)

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

	· · · · · · · · · · · · · · · · · · ·				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X N	lo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)		Yes	X	lo
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)		Yes	X	lo
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)		Yes	X	ło
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)		Yes	X	lo
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X	Yes	N	lo

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 5

# Part V Supple

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).

SCHEDULE F, PART I, LINE 2

INDIVIDUAL GRANT PAYMENTS ARE MONITORED AND TRACKED BY CFA INSTITUTE

STAFF. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT DETAILED BUSINESS PLANS,

BUDGETS AND REPORTS.

Schedule F (Form 990) 2018

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Schedule I (Form 990) (2018)

Employer identification number

FA INSTITUTE					54-138648	54-1386480		
Part I General Information on Grants an	d Assistanc	е				•		
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	e?				ts or assistance, and	X Yes No	
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient to		_					es" on Form 990,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) CENTER FOR NONPROFIT EXCELLENCE								
1701-A ALLIED ST CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	107,310.		N/A	N/A	GEN SUPPORT	
(2) CFA INSTITUTE RESEARCH FOUNDATION								
915 EAST HIGH ST CHARLOTTESVILLE, VA 22902	54-6063408	501(C)(3)	214,903.		N/A	N/A	GEN SUPPORT	
(3) CFA SOCIETIES TEXAS								
PO BOX 1467 AUSTIN, TX 78767-1467	45-4833185	501(C)(6)	25,000.		N/A	N/A	GEN SUPPORT	
(4) CFA SOCIETY ALABAMA								
100 OFFICE PARK DR. BIRMINGHAM, AL 35223	63-1064381	501(C)(6)	48,572.		N/A	N/A	GEN SUPPORT	
(5) CFA SOCIETY ARKANSAS								
111 CENTER ST 1ST FLOOR	58-2055805	501(C)(6)	46,786.		N/A	N/A	GEN SUPPORT	
(6) CFA SOCIETY ATLANTA								
4355 COBB PKWY STE J 533 ATLANTA, GA 30339	58-1105110	501(C)(6)	328,538.		N/A	N/A	GEN SUPPORT	
(7) CFA SOCIETY AUSTIN								
PO BOX 1467 AUSTIN, TX 78767-1467	72-1621543	501(C)(6)	54,181.		N/A	N/A	GEN SUPPORT	
(8) CFA SOCIETY BALTIMORE								
575 S. CHARLES ST. STE 500	52-0895933	501(C)(6)	77,894.		N/A	N/A	GEN SUPPORT	
(9) CFA SOCIETY BOSTON								
2 FINANCIAL CENTER, STE 1010	23-7069432	501(C)(6)	313,088.		N/A	N/A	GEN SUPPORT	
(10) CFA SOCIETY BUFFALO								
PO BOX 529 ELLICOTT STATION	20-5170662	501(C)(6)	79,180.		N/A	N/A	GEN SUPPORT	
(11) CFA SOCIETY CHICAGO								
134 N. LASALLE ST. CHICAGO, IL 60602	36-2595074	501(C)(6)	268,179.		N/A	N/A	GEN SUPPORT	
(12) CFA SOCIETY CINCINNATI								
4010 EXECUTIVE PARK DRIVE	23-7094427	501(C)(6)	57,464.		N/A	N/A	GEN SUPPORT	
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•				<del> </del>		

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

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CFA INSTITUTE

Separal Information on Grants and Assistance

Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient t		_					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CFA SOCIETY CLEVELAND							
3637 MEDINA RD STE 110	23-7065462	501(C)(6)	60,783.		N/A	N/A	GEN SUPPORT
(2) CFA SOCIETY COLORADO							
6057 LAKEVIEW ST LITTLETON, CO 80120	84-0585027	501(C)(6)	77,494.		N/A	N/A	GEN SUPPORT
(3) CFA SOCIETY COLUMBUS							
PO BOX 25 BLACKLICK, OH 43004	31-1393658	501(C)(6)	33,567.		N/A	N/A	GEN SUPPORT
(4) CFA SOCIETY DALLAS/FORT WORTH							
PO BOX 8205116 DALLAS, TX 75382	23-7078748	501(C)(6)	118,456.		N/A	N/A	GEN SUPPORT
(5) CFA SOCIETY DAYTON							
10 N LUDLOW ST STE 800 TROY, OH 45373	26-0659612	501(C)(6)	44,301.		N/A	N/A	GEN SUPPORT
(6) CFA SOCIETY DETROIT							
35464 JEFFERS COURT HARRISON TWP, MI 48045	38-6087152	501(C)(6)	58,150.		N/A	N/A	GEN SUPPORT
(7) CFA SOCIETY EAST TENNESSEE							
1301 COWART ST STE 131	46-3796519	501(C)(6)	33,911.		N/A	N/A	GEN SUPPORT
(8) CFA SOCIETY HARTFORD							
P.O. BOX 182 NORTH GRANBY, CT 06060	90-0770635	501(C)(6)	73,128.		N/A	N/A	GEN SUPPORT
(9) CFA SOCIETY HAWAII							
PO BOX 580 HONOLULU, HI 96809-0580	87-0753677	501(C)(6)	47,007.		N/A	N/A	GEN SUPPORT
(10) CFA SOCIETY HOUSTON							
10401 WESTOFFICE DRIVE HOUSTON, TX 77042	23-7004744	501(C)(6)	146,179.		N/A	N/A	GEN SUPPORT
(11) CFA SOCIETY INDIANAPOLIS							
P.O. BOX 90232 INDIANAPOLIS, IN 46290	23-7119206	501(C)(6)	52,160.		N/A	N/A	GEN SUPPORT
(12) CFA SOCIETY IOWA							
711 HIGH STREET DES MOINES, IA 50392-0800	42-1152989	501(C)(6)	56,360.		N/A	N/A	GEN SUPPORT

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047 2018

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number CFA INSTITUTE 54-1386480

## Part IV the organization's procedures for monitoring the use of grant funds in the United States.    Part IV   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name and address of organization   Part IV   Mile 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name and address of organization   Part IV   Mile 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name and address of organization   Part IV   Mile 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name and address of organization   Part IV   Mile 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name and address of organization   Part IV   Mile 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name and address of organization   Part IV   Mile 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.    1 (a) Name sensor viole than \$1,000. Part IV   Part Part Part Part Part Part Part Part	1 Does the organization maintain records to s the selection criteria used to award the gran			_				X Yes No
### Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is recled.  ### 1 (a) Name and address of organization or government or government   1 (a) Name and address of organization or government   1 (a) Name and address of organization or government   1 (b) CFA SOCIETY JACKSONVILLE	2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
1 (a) Name and address of organization of government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non cash assistance (e) Amount of non cash a	Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Con	nplete if the organiz	zation answered "Y	es" on Form 990,
(1) CFA SOCIETY JACKSONVILLE  1579 THE GREENS NAY SUITE 20 59-1606008 50,737. N/A N/A N/A SEN SUPPORT  (2) CFA SOCIETY KANSAS CITY 330 WENNERER DRIVE ST. LOUIS, MO 63124 82-0560661 75,547. N/A N/A N/A SEN SUPPORT  (3) CFA SOCIETY LOS ANGELES 520 S. GRAND AVENUE H655 95-6069970 501(C)(6) 265,560. N/A N/A N/A N/A SEN SUPPORT  (4) CFA SOCIETY LOUISIANA 228 ST. CHARLES AVE. STE. 200 72-0947195 501(C)(6) 59,149. N/A N/A N/A SEN SUPPORT  (5) CFA SOCIETY LOUISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A N/A SEN SUPPORT  (6) CFA SOCIETY MINISON 1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717 7(7) CFA SOCIETY MEMPHIS FO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A N/A SEN SUPPORT  (9) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, IN 38117 62-1636928 5118 PARK AVE SUITE 308 MEMPHIS, IN 38117 62-1636928 51,602. N/A N/A N/A SEN SUPPORT  (10) CFA SOCIETY MILMANIE P.O. BOX 969901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A N/A SEN SUPPORT  (11) CFA SOCIETY MILMANIES 10 DE AST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A N/A SEN SUPPORT  (11) CFA SOCIETY MILMANIES 10 DE AST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 50,390. N/A N/A N/A SEN SUPPORT  (11) CFA SOCIETY MILMANIESCTA 10 DE AST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 50,791. N/A N/A N/A SEN SUPPORT	Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	e duplicated if	additional space is	needed.	
1579 THE GREENS WAY SUITE 20 59-1606008 50,737. N/A N/A SEN SUPPORT  (2) CFA SOCIETY KANSAS CITY  330 MENNEKER DRIVE ST. LOUIS, MO 63124 82-0560661 75,547. N/A N/A SEN SUPPORT  (4) CFA SOCIETY LOS ANGELES  520 S. GRAND AVENUE 8655 95-6069970 501(C)(6) 265,560. N/A N/A SEN SUPPORT  (4) CFA SOCIETY LOUISIANIA  228 ST. CHARLES AVE. STE. 200 72-0947195 501(C)(6) 59,149. N/A N/A SEN SUPPORT  (5) CFA SOCIETY MOLISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A SEN SUPPORT  (6) CFA SOCIETY MADISON  1241 JOHN Q HAMPONNS DRIVE MADISON, WI 53717 93-1929703 501(C)(6) 42,807. N/A N/A SEN SUPPORT  (7) CFA SOCIETY MEMPHIS  5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A SEN SUPPORT  (9) CFA SOCIETY MEMPHIS  5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILMAUKEE  100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  527 MARQUETTE AVE MINNESOTA		(b) EIN	(c) IRC section (if applicable)			(f) Method of valuation (book, FMV, appraisal, other)		
(2) CFA SOCIETY KANSAS CITY 330 WINNEKER RIVE ST. LOUIS, MO 63124 82-0560601 75,547. NA NA NA SEN SUPPORT  (3) CFA SOCIETY LOS ANGELES 520 S. CRANID AVENUE 8655 95-0669970 501(c)(6) 265,560. NA NA NA SEN SUPPORT  (4) CFA SOCIETY LOUISVANA 228 ST. CHARLES AVE. STE. 200 72-0947195 501(c)(6) 59,149. NA NA NA NA SEN SUPPORT  (5) CFA SOCIETY LOUISVALLE PO BOX 36947 LOUISVALLE, KY 40202-2451 90-0838184 501(c)(6) 40,715. NA NA NA NA SEN SUPPORT  (6) CFA SOCIETY MADISON 1241 JOHN Q HAMKONS DRIVE MADISON, WI 53717 7(7) CFA SOCIETY MAINE PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(c)(6) 32,677. NA NA NA NA SEN SUPPORT  (8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUTTE 308 MEMPHIS, TN 38117 62-1636928 51,602. NA NA N/A SEN SUPPORT  (9) CFA SOCIETY MILMAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(c)(6) 50,771. NA N/A N/A SEN SUPPORT  (11) CFA SOCIETY MINESOTA 527 MARQUETTE AVE MINNESOTA 528 MARQUETTE AVE MINNESOTA 529 MARQUETTE AVE MINNESOTA 529 MARQUETTE AVE MINNESOTA 521 MARQUETTE AVE MINNESOTA 527 MARQUETTE AVE MINNESOTA 527 MARQUETTE AVE MINNESOTA 527 MARQUETTE AVE MINNESOTA 527 MARQUETTE AVE MINNESOTA 528 MARQUETTE AVE MINNESOTA 529 MARQUETTE AVE MINNESOTA 521 MARQUETTE AVE MINNESOTA 527 MARQUETTE AVE MINNESOTA 528 MARQUETTE AVE MINNESOTA 529 MARQUETTE AVE MINNESOTA 520 MARQUETTE AVE MINNESOTA 521 MARQUETTE AVE MINNESOTA 521 MARQUETTE AVE MINNESOTA 522 MARQUETTE AVE MINNESOTA 523 MARQUETTE AVE MINNESOTA 524 MARQUET MIN	(1) CFA SOCIETY JACKSONVILLE							
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(3) CFA SOCIETY LOS ANGELES 520 S. GRAND AVENUE #655 95-6069970 501(C)(6) 265,560. N/A N/A GEN SUPPORT  (4) CFA SOCIETY LOUISIANA 228 ST. CHARLES AVE. STE. 200 72-0947195 501(C)(6) 59,149. N/A N/A GEN SUPPORT  (5) CFA SOCIETY LOUISVILLE PO BOX 36947 LOUISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A GEN SUPPORT  (6) CFA SOCIETY MADISON 1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717 39-1929703 501(C)(6) 42,807. N/A N/A GEN SUPPORT  (7) CFA SOCIETY MARDEN PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A GEN SUPPORT  (8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIRMI P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINESOTA 527 MARQUETTE AVE MINNESOTA 527 MARQUETTE AVE MINNESOLIS, NN 55402 41-1861989 501(C)(6) 127,006. N/A N/A SEN SUPPORT  (12) CFA SOCIETY MISSISSIPPI	(2) CFA SOCIETY KANSAS CITY							
520 S. GRAND AVENUE #655   95-6069970   501(C)(6)   265,560.   N/A   N/A   GEN SUPPORT	330 WENNEKER DRIVE ST. LOUIS, MO 63124	82-0560661		75,547.		N/A	N/A	GEN SUPPORT
(4) CFA SOCIETY LOUISIANA 228 ST. CHARLES AVE. STE. 200 72-0947195 501(C)(6) 59,149. N/A N/A SEN SUPPORT  (5) CFA SOCIETY LOUISVILLE PO BOX 36947 LOUISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A N/A SEN SUPPORT  (6) CFA SOCIETY MADISON 1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717 39-1929703 501(C)(6) 42,807. N/A N/A SEN SUPPORT  (7) CFA SOCIETY MAINE PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A SEN SUPPORT  (8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A SEN SUPPORT  (9) CFA SOCIETY MIAMI P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A SEN SUPPORT  (10) CFA SOCIETY MILWAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A SEN SUPPORT  (11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNESOTA 41-1861989 501(C)(6) 127,006. N/A N/A SEN SUPPORT	(3) CFA SOCIETY LOS ANGELES							
228 ST. CHARLES AVE. STE. 200 72-0947195 501(C)(6) 59,149. N/A N/A SEN SUPPORT  (5) CFA SOCIETY LOUISVILLE PO BOX 36947 LOUISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A SEN SUPPORT  (6) CFA SOCIETY MADISON 1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717 39-1929703 501(C)(6) 42,807. N/A N/A GEN SUPPORT  (7) CFA SOCIETY MAINE PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A SEN SUPPORT  (8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIMI P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNESOTA 41-1861989 501(C)(6) 127,006. N/A N/A GEN SUPPORT	520 S. GRAND AVENUE #655	95-6069970	501(C)(6)	265,560.		N/A	N/A	GEN SUPPORT
(5) CFA SOCIETY LOUISVILLE PO BOX 36947 LOUISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A N/A SEN SUPPORT  (6) CFA SOCIETY MADISON 1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717 39-1929703 501(C)(6) 42,807. N/A N/A N/A GEN SUPPORT  (7) CFA SOCIETY MAINE PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A N/A GEN SUPPORT  (8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A SEN SUPPORT  (9) CFA SOCIETY MIAMI P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A N/A GEN SUPPORT	(4) CFA SOCIETY LOUISIANA							
PO BOX 36947 LOUISVILLE, KY 40202-2451 90-0838184 501(C)(6) 40,715. N/A N/A GEN SUPPORT  (6) CFA SOCIETY MADISON  1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717 39-1929703 501(C)(6) 42,807. N/A N/A GEN SUPPORT  (7) CFA SOCIETY MAINE  PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A GEN SUPPORT  (8) CFA SOCIETY MEMPHIS  5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIAMI  P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA  527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A GEN SUPPORT	228 ST. CHARLES AVE. STE. 200	72-0947195	501(C)(6)	59,149.		N/A	N/A	GEN SUPPORT
(6) CFA SOCIETY MADISON  1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717  (7) CFA SOCIETY MAINE  PO BOX 258 BAR HARBOR, ME 04609  04-3547791  501(C)(6)  32,677.  N/A  N/A  N/A  SEN SUPPORT  (8) CFA SOCIETY MEMPHIS  5118 PARK AVE SUITE 308 MEMPHIS, TN 38117  P.O. BOX 960901 MIAMI, FL 33296-0901  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400  23-7072850  501(C)(6)  50,790.  N/A  N/A  N/A  SEN SUPPORT  (11) CFA SOCIETY MINNESOTA  527 MARQUETTE AVE MINNEAPOLIS, MN 55402  41-1861989  501(C)(6)  127,006.  N/A  N/A  N/A  N/A  SEN SUPPORT  127,006.  N/A  N/A  N/A  N/A  SEN SUPPORT	(5) CFA SOCIETY LOUISVILLE							
1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717  1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717  (7) CFA SOCIETY MAINE  PO BOX 258 BAR HARBOR, ME 04609  04-3547791  501(C)(6)  32,677.  N/A  N/A  N/A  SEN SUPPORT  (8) CFA SOCIETY MEMPHIS  5118 PARK AVE SUITE 308 MEMPHIS, TN 38117  P.O. BOX 960901 MIAMI, FL 33296-0901  61-1572381  501(C)(6)  50,390.  N/A  N/A  N/A  SEN SUPPORT  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400  23-7072850  501(C)(6)  501(C	PO BOX 36947 LOUISVILLE, KY 40202-2451	90-0838184	501(C)(6)	40,715.		N/A	N/A	GEN SUPPORT
(7) CFA SOCIETY MAINE  PO BOX 258 BAR HARBOR, ME 04609  04-3547791 501(C)(6) 32,677.  N/A N/A GEN SUPPORT  (8) CFA SOCIETY MEMPHIS  5118 PARK AVE SUITE 308 MEMPHIS, TN 38117  62-1636928  51,602.  N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIAMI  P.O. BOX 960901 MIAMI, FL 33296-0901  61-1572381 501(C)(6)  50,390.  N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400  23-7072850 501(C)(6)  60,771.  N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA  527 MARQUETTE AVE MINNEAPOLIS, MN 55402  41-1861989 501(C)(6)  127,006.  N/A N/A GEN SUPPORT	(6) CFA SOCIETY MADISON							
PO BOX 258 BAR HARBOR, ME 04609 04-3547791 501(C)(6) 32,677. N/A N/A GEN SUPPORT  (8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIAMI P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A GEN SUPPORT  (12) CFA SOCIETY MISSISSISPPI	1241 JOHN Q HAMMONS DRIVE MADISON, WI 53717	39-1929703	501(C)(6)	42,807.		N/A	N/A	GEN SUPPORT
(8) CFA SOCIETY MEMPHIS 5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIAMI P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE 100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A N/A GEN SUPPORT	(7) CFA SOCIETY MAINE							
5118 PARK AVE SUITE 308 MEMPHIS, TN 38117 62-1636928 51,602. N/A N/A GEN SUPPORT  (9) CFA SOCIETY MIAMI  P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA  527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A GEN SUPPORT  (12) CFA SOCIETY MISSISSIPPI	PO BOX 258 BAR HARBOR, ME 04609	04-3547791	501(C)(6)	32,677.		N/A	N/A	GEN SUPPORT
(9) CFA SOCIETY MIAMI  P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A N/A GEN SUPPORT	(8) CFA SOCIETY MEMPHIS							
P.O. BOX 960901 MIAMI, FL 33296-0901 61-1572381 501(C)(6) 50,390. N/A N/A GEN SUPPORT  (10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA  527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A GEN SUPPORT  (12) CFA SOCIETY MISSISSIPPI	5118 PARK AVE SUITE 308 MEMPHIS, TN 38117	62-1636928		51,602.		N/A	N/A	GEN SUPPORT
10) CFA SOCIETY MILWAUKEE  100 EAST WISCONSIN AVE. STE 2400  23-7072850 501(C)(6)  60,771.  N/A  N/A  N/A  GEN SUPPORT  127,006.  N/A  N/A  N/A  GEN SUPPORT  129 CFA SOCIETY MISSISSIPPI	(9) CFA SOCIETY MIAMI							
100 EAST WISCONSIN AVE. STE 2400 23-7072850 501(C)(6) 60,771. N/A N/A GEN SUPPORT  (11) CFA SOCIETY MINNESOTA 127,006. N/A N/A GEN SUPPORT  (12) CFA SOCIETY MISSISSIPPI	P.O. BOX 960901 MIAMI, FL 33296-0901	61-1572381	501(C)(6)	50,390.		N/A	N/A	GEN SUPPORT
(11) CFA SOCIETY MINNESOTA 527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A N/A GEN SUPPORT (12) CFA SOCIETY MISSISSIPPI	10) CFA SOCIETY MILWAUKEE							
527 MARQUETTE AVE MINNEAPOLIS, MN 55402 41-1861989 501(C)(6) 127,006. N/A N/A GEN SUPPORT  (12) CFA SOCIETY MISSISSIPPI	100 EAST WISCONSIN AVE. STE 2400	23-7072850	501(C)(6)	60,771.		N/A	N/A	GEN SUPPORT
12) CFA SOCIETY MISSISSIPPI	11) CFA SOCIETY MINNESOTA							
	527 MARQUETTE AVE MINNEAPOLIS, MN 55402	41-1861989	501(C)(6)	127,006.		N/A	N/A	GEN SUPPORT
1018 HIGHLAND COLONY PKWY STE 600 64-0716591 31,204. N/A N/A GEN SUPPORT	12) CFA SOCIETY MISSISSIPPI							
	1018 HIGHLAND COLONY PKWY STE 600	64-0716591		31,204.		N/A	N/A	GEN SUPPORT

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047 2018

Inspection

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization CFA INSTITUTE 54-1386480 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) CFA SOCIETY NAPLES 11094 RIVER TRENT COURT 59-3405436 501(C)(6) 33,574. N/A GEN SUPPORT N/A (2) CFA SOCIETY NASHVILLE 7003 CHADWICK DR. #350 BRENTWOOD, TN 37027 62-1181717 501(C)(6) 45,854. N/A N/A GEN SUPPORT (3) CFA SOCIETY NEBRASKA PO BOX 80685 LINCOLN, NE 68501 47-0667513 501(C)(6) 45,453. N/A N/A GEN SUPPORT (4) CFA SOCIETY NEVADA 20-0195946 2251 S FT APADIE RAD LAS VEGAS, NV 89117 42,243. N/A N/A GEN SUPPORT (5) CFA SOCIETY NEW MEXICO PO BOX 36947 ALBURQUERQUE, NM 87176 85-0454738 501(C)(6) 38,003. N/A N/A GEN SUPPORT (6) CFA SOCIETY NEW YORK 1540 BROADWAY NEW YORK, NY 10036 13-5610350 501(C)(3) 984,307 N/A N/A GEN SUPPORT (7) CFA SOCIETY NORTH CAROLINA 3004 OXBOW CT RALEIGH, NC 27613 56-1824044 501(C)(6) 153,521 N/A N/A GEN SUPPORT (8) CFA SOCIETY OF IDAHO 7661 W. RIVERSIDE DR #105 BOISE, ID 83714 04-3704521 37,708 N/A N/A GEN SUPPORT (9) CFA SOCIETY OKLAHOMA 71,412. P.O. BOX 13006 OKLAHOMA CITY, OK 73113 501(C)(6) N/A N/A GEN SUPPORT (10) CFA SOCIETY ORANGE COUNTY 4533 MACARTHUR BLVD. STE #182 33-0228558 501(C)(6) 67,590. N/A N/A GEN SUPPORT (11) CFA SOCIETY ORLANDO PO BOX 2783 ORLANDO, FL 32802 59-3213363 501(C)(6) 48,061. N/A N/A GEN SUPPORT (12) CFA SOCIETY PHILADELPHIA 100 NORTH 20TH ST- 4TH FL 23-6395738 501(C)(6) 165,179 N/A GEN SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization						Employer identificat	ion number
CFA INSTITUTE						54-138648	30
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	ee?	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient t	nat received	more than \$5	,000. Part II can	be duplicated if	additional space is	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CFA SOCIETY PHOENIX							
16435 N SCOTTSDALE ROAD #105	86-0469879		72,838.		N/A	N/A	GEN SUPPORT
(2) CFA SOCIETY PITTSBURGH							
PO BOX 1212 PITTSBURGH, PA 15230	25-1421153	501(C)(6)	73,436.		N/A	N/A	GEN SUPPORT
(3) CFA SOCIETY PORTLAND							
PO BOX 434 PORTLAND, OR 97207	23-7358083	501(C)(6)	75,735.		N/A	N/A	GEN SUPPORT
(4) CFA SOCIETY PROVIDENCE							
P.O. BOX 41027 PROVIDENCE, RI 02940	23-7069442	501(C)(6)	40,048.		N/A	N/A	GEN SUPPORT
(5) CFA SOCIETY ROCHESTER							
2 BERRYWOOD CIRCLE PENFIELD, NY 14526	16-0977751	501(C)(6)	62,462.		N/A	N/A	GEN SUPPORT
(6) CFA SOCIETY SACRAMENTO							
915 L ST STE C-252 SACRAMENTO, CA 95814	94-3315268	501(C)(6)	40,998.		N/A	N/A	GEN SUPPORT
(7) CFA SOCIETY SALT LAKE							
150 SOCIAL HALL SALT LAKE CITY, UT 84145	61-1526448	501(C)(6)	48,148.		N/A	N/A	GEN SUPPORT
(8) CFA SOCIETY SAN ANTONIO							
12526 LA AVENTURA ST. SAN ANTONIO, TX 78233	74-1660459		47,037.		N/A	N/A	GEN SUPPORT
(9) CFA SOCIETY SAN DIEGO							
P.O. BOX 928456 SAN DIEGO, CA 92192-8456	23-7069278	501(C)(6)	82,527.		N/A	N/A	GEN SUPPORT
(10) CFA SOCIETY SAN FRANCISCO							
235 MONTGOMERY ST. #725	94-6078576	501(C)(6)	278,916.		N/A	N/A	GEN SUPPORT
(11) CFA SOCIETY SEATTLE							
PO BOX 7455 BONNEY LAKE, WA 98391	91-1164972	501(C)(6)	158,438.		N/A	N/A	GEN SUPPORT
(12) CFA SOCIETY SOUTH CAROLINA							
2711 MIDDLEBURG DR.STE 316	57-1134283	501(C)(6)	76,688.		N/A	N/A	GEN SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

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

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

OMB No. 1545-0047 2018

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number CFA INSTITUTE 54-1386480

Part I General Information on Grants and							
1 Does the organization maintain records to s			=	<del>-</del>			W. V.
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	<b>ernments.</b> Con	nplete if the organiz	zation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	e duplicated if	additional space is	needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CFA SOCIETY SOUTH FLORIDA							
8602 TOURMALINE BLVD	30-0325375	501(C)(6)	49,873.		N/A	N/A	GEN SUPPORT
(2) CFA SOCIETY SPOKANE							
808 W. SPOKANE FALLS BLVD SPOKANE, WA 99201	91-1592696	501(C)(6)	41,054.		N/A	N/A	GEN SUPPORT
(3) CFA SOCIETY ST. LOUIS							
330 WENNEKER DRIVE ST. LOUIS, MO 63124	43-6031785	501(C)(6)	80,267.		N/A	N/A	GEN SUPPORT
(4) CFA SOCIETY STAMFORD							
6 OLIVER ST HARBOR VIEW	06-1513527	501(C)(6)	55,917.		N/A	N/A	GEN SUPPORT
(5) CFA SOCIETY TAMPA BAY							
C/O IDEAS INC. TAMPA, FL 33626-1732	51-0669210	501(C)(6)	49,257.		N/A	N/A	GEN SUPPORT
(6) CFA SOCIETY TUCSON							
1820 E RIVER ROAD TUCSON, AZ 85718	46-2993396		42,710.		N/A	N/A	GEN SUPPORT
(7) CFA SOCIETY VERMONT							
110 MAIN ST STE 201 BURLINGTON, VT 05401	04-3374500	501(C)(6)	40,179.		N/A	N/A	GEN SUPPORT
(8) CFA SOCIETY VIRGINIA							
PO BOX 31441 RICHMOND, VA 23294	54-1429832	501(C)(6)	58,222.		N/A	N/A	GEN SUPPORT
(9) CFA SOCIETY WASHINGTON, DC							
1401 NEW YORK AVE., NW WASHINGTON, DC 20005	23-7360649	501(C)(6)	183,408.		N/A	N/A	GEN SUPPORT
(10) CFA SOCIETY WEST MICHIGAN							
134 N. LASALLE ST. KALAMAZOO, MI 49009	38-0892650		42,997.		N/A	N/A	GEN SUPPORT
(11) CORNELL UNIVERSITY							
235 SAGE HALL ITHACA, NY 14853	15-0532082	501(C)(3)	15,000.		N/A	N/A	GEN SUPPORT
(12) JOHNS HOPKINS UNIVERSITY							
3910 KESWICK ROAD, STE N-2100	52-0595110	501 (C)(3)	10,000.		N/A	N/A	GEN SUPPORT
<ul> <li>3910 KESWICK ROAD, STE N-2100</li> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations lis:</li> </ul>	government	organizations lis	ted in the line 1 tal			N/A 	GEN SUPPORT

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047
2018

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Part I General Information on Grants and A  1 Does the organization maintain records to subthe selection criteria used to award the grants of Describe in Part IV the organization's procedure  Part II Grants and Other Assistance to Dor Part IV, line 21, for any recipient that  1 (a) Name and address of organization or government	stantiate th or assistanc res for mor mestic Or	e amount of the e? hitoring the use ganizations ar	of grant funds in the	e United States.	plete if the organiz	ration answered "Y	X Yes No
Does the organization maintain records to subthe selection criteria used to award the grants of Describe in Part IV the organization's procedure      Part II Grants and Other Assistance to Dor Part IV, line 21, for any recipient tha      1 (a) Name and address of organization	stantiate th or assistanc res for mor mestic Org t received	e amount of the se?	of grant funds in the nd Domestic Gov ,000. Part II can b	e United States.	plete if the organiz	ration answered "Y	
the selection criteria used to award the grants of the procedur of the procedu	or assistand res for mor mestic Orq it received	pe?	of grant funds in the nd Domestic Gov ,000. Part II can b	e United States.	plete if the organiz	ration answered "Y	
	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash		•		
			grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SENIOR CENTER, INC.							
491 HILLSDALE DRIVE 5	54-0735666	501(C)(3)	106,750.		N/A	N/A	GEN SUPPORT
(2) THE ASPEN INSTITUTE							
2300 N ST NW STE 700 WASHINGTON, DC 20037 8	34-0399006	501(C)(3)	500,000.		N/A	N/A	GEN SUPPORT
(3) THE INSTITUTE FOR THE FIDUCIARY STANDARD							
PO BOX 3201 WEST MCLEAN, VA 22103 4	45-2592011		10,000.		N/A	N/A	GEN SUPPORT
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and go 3 Enter total number of other organizations listed		•				· · · · · · · · · · · · · · · · · · ·	7.

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
3					
1					
j					
3					
,					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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.

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization CFA INSTITUTE

Employer identification number

54-1386480

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	6-		
a	The organization?	6a 6b		
D	Any related organization?	ื่อม		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

## 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 on 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PAUL SMITH, CFA	(i)	593,264.	504,274.	245,082.	153,381.	50,925.	1,546,926.	0.
1 PRES & CEO & RESRCH FDN BD MEM	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH P. LANGE	(i)	138,086.	24,624.	1,598.	20,036.	17,732.	202,076.	0.
2CORPORATE SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANE BASILE, CFA	(i)	327,138.	150,800.	8,014.	33,000.	14,370.	533,322.	0.
3 <sup>CHIEF</sup> FIN. OFF. (EXIT 7/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
ELAINE CHENG	(i)	291,352.	131,800.	3,318.	33,000.	21,107.	480,577.	0.
4 MANAGING DIR. (EXIT 3/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
KURT N. SCHACHT, CFA	(i)	366,912.	190,070.	11,852.	33,000.	21,248.	623,082.	0.
5 MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN M. HORAN, CFA	(i)	295,361.	137,280.	3,960.	33,000.	21,540.	491,141.	0.
6 MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
SHERI LYNN LITTLEFIELD	(i)	292,061.	145,140.	7,274.	33,000.	15,437.	492,912.	0.
7 <sup>CHIEF</sup> LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL COLLINS	(i)	277,862.	143,328.	6,405.	33,000.	21,671.	482,266.	0.
8 MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
BJORN FORFANG	(i)	466,178.	306,100.	8,814.	33,000.	22,174.	836,266.	0.
gMANAGING DIR. (EXIT 4/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
DARIN GOODWILER	(i)	188,023.	3,280.	138,759.	23,000.	17,701.	370,763.	0.
10 <sup>MANAGING DIR. (EXIT 10/2018)</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY BAKER	(i)	333,333.	127,467.	7,321.	36,649.	8,673.	513,443.	0.
11 MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
NICK POLLARD	(i)	321,766.	144,795.	32,177.	29,076.	60,480.	588,294.	0.
12 <sup>MANAGING DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRIS AINSWORTH	(i)	297,196.	135,000.	4,334.	33,000.	9,277.	478,807.	0.
13 <sup>MANAGING DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
EMILY DUNBAR	(i)	280,000.	126,000.	5,121.	48,720.	8,907.	468,748.	0.
14 <sup>MANAGING DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
SANDRA PETERS, CFA	(i)	292,750.	103,949.	3,520.	33,000.	15,861.	449,080.	0.
15 HEAD, FIN. REPORT POL. GROUP	(ii)	0.	0.	0.	0.	0.	0.	0.
TONY TAN	(i)	323,430.	89,352.	2,659.	12,854.	100.	428,395.	0.
16 HEAD, ETHICS, STANDARD CONDUCT	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018 Page 2

## 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 on 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROB GOWEN	(i)	174,812.	30,685.	166,913.	26,944.	14,027.	413,381.	0.
1 HEAD, PROD. SOL EXIT 11/2018	(ii)	0.	0.	0.	0.	0.	0.	0.
RAHUL KESHAP	(i)	173,534.	24,874.	185,602.	25,410.	15,161.	424,581.	0.
2 <sup>HEAD, CLARITAS - EXIT 12/2018</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN BOWMAN	(i)	1,881.	12,912.	190,998.	2,286.	1,721.	209,798.	0.
MANAGING DIR. (EXIT 1/2018)	(ii)	0.	0.	0.	0.	0.	0.	0.
JIALI JUN	(i)	281,643.	92,224.	10,298.	0.	36,253.	420,418.	0.
SENIOR COUNTRY HEAD, CHINA	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFF KNIGHTON	(i)	195,544.	37,800.	1,594.	28,656.	19,915.	283,509.	0.
5 INTERIM CFO (EFF. 7/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
NITIN MEHTA	(i)	0.	29,920.	457,260.	0.	0.	487,180.	0.
6 FORMER MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018 Page 3

### Part | 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.

SCHEDULE J, PART I, LINE 1A

MEMBERS OF THE LEADERSHIP TEAM ARE ELIGIBLE TO BOOK A BUSINESS CLASS FARE

(REGARDLESS OF FLIGHT TIME OR SEGMENT MILEAGE). IF THE SELECTED FLIGHT

OFFERS A 3-CABIN CONFIGURATION (ECONOMY/BUSINESS/FIRST), A BUSINESS CLASS

TICKET IS APPROPRIATE. IF THE SELECTED FLIGHT ONLY OFFERS A 2-CABIN

CONFIGURATION (ECONOMY/FIRST), A FIRST CLASS TICKET IS APPROPRIATE.

LEADERSHIP TEAM TRAVELERS SHOULD CONSIDER BOTH A FLEXIBLE AND A

RESTRICTED TICKET AND SELECT THE FARE THAT PROVIDES THE BEST OPTION FOR

THEIR TRAVEL. A FLEXIBLE TICKET IS APPROPRIATE IF ONE'S SCHEDULE IS

LIKELY TO CHANGE. A CHANGEABLE, NON-REFUNDABLE TICKET IS APPROPRIATE IF

ONE'S SCHEDULE IS FIRM.

TRAVEL FOR COMPANIONS: AN EMPLOYEE CAN EXCHANGE A BUSINESS CLASS AIRFARE FOR TWO COACH AIRFARES TO INCLUDE COMPANION TRAVEL.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: TAX SERVICES FOR EXPATRIATES

ARE GROSSED-UP. ALL EXPATRIATES AND INTERNATIONAL ROTATION ASSIGNMENT

PROGRAM EMPLOYEES' SALARIES ARE EQUALIZED TO THEIR RESIDENTIAL TAX CODE.

Schedule J (Form 990) 2018

#### Part | 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.

HOUSING ALLOWANCE OR RESIDENT FOR PERSONAL USE: CFA INSTITUTE PAYS FOR RELOCATION HOUSING AND INCLUDES THIS IN THE EMPLOYEE'S COMPENSATION. AS CUSTOMARY IN LOCAL COUNTRY, CFA INSTITUTE EMPLOYEES WHO LIVE AND WORK IN HONG KONG, INDIA, OR UNITED ARAB EMIRATES ARE PROVIDED HOUSING ALLOWANCES WHICH ARE INCLUDED IN COMPENSATION.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: THE U.S. WELLNESS PROGRAM CHANGED IN CY2016 FROM A REIMBURSABLE PLAN TO A CREDIT-WELLNESS PROGRAM. HOWEVER, U.S. EMPLOYEES WHO ARE NOT COVERED BY A CFA INSTITUTE HEALTH PLAN, AND NON-U.S. EMPLOYEES ARE STILL ELIGIBLE FOR REIMBURSEMENTS ASSUMING THEY QUALIFY.

Schedule J (Form 990) 2018 Page 3

## 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.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS WERE MADE AS FOLLOWS:

JOHN BOWMAN \$147,500

DARIN GOODWILER \$115,650

RAHUL KESHAP \$173,533

ROB GOWEN \$148,007

NITIN MEHTA \$355,443

FORM 990, PART VII, COLUMN D

ROBERT JENKINS RECEIVED \$5,023 FOR VOLUNTEER REIMBURSEMENT OF A COMPANION

TICKET.

COMPENSATION FOR THIS INDIVIDUAL WAS NOT FOR SERVICE AS A BOARD MEMBER.

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

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CFA INSTITUTE

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

Employer identification number 54-1386480

PART III, LINE 1, ORGANIZATION'S MISSION CFA INSTITUTE IS THE GLOBAL, NON-PROFIT PROFESSIONAL MEMBERSHIP ASSOCIATION THAT ADMINISTERS THE CHARTERED FINANCIAL ANALYST (CFA) CERTIFICATE, THE CERTIFICATE IN INVESTMENT PERFORMANCE MEASUREMENT (CIPM) AND THE CFA INSTITUTE INVESTMENT FOUNDATIONS CURRICULUM. EXAMINATION PROGRAMS ARE CONDUCTED WORLDWIDE ALONG WITH RESEARCH, PROFESSIONAL DEVELOPMENT PROGRAMS AND PROFESSIONAL CONDUCT ENFORCEMENT FOR ITS INDIVIDUAL MEMBERS. THE ORGANIZATION SETS VOLUNTARY, ETHICS-BASED PROFESSIONAL AND PERFORMANCE-REPORTING STANDARDS FOR THE INVESTMENT PROFESSION. THE STATED MISSION OF THE ORGANIZATION IS TO LEAD THE INVESTMENT PROFESSION GLOBALLY BY PROMOTING THE HIGHEST STANDARDS OF ETHICS, EDUCATION, AND PROFESSIONAL EXCELLENCE FOR THE ULTIMATE BENEFIT OF SOCIETY. CFA INSTITUTE PURSUES THIS MISSION ON BEHALF OF ITS INDIVIDUAL MEMBERS WHO CURRENTLY NUMBER 178,358 IN 164 COUNTRIES. CFA INSTITUTE'S MEMBERSHIP INCLUDES 171,131 CFA CHARTERHOLDERS AND EXTENDS ITS REACH INTO LOCAL COMMUNITIES THROUGH A NETWORK OF 157 MEMBER SOCIETIES IN 80 COUNTRIES. CFA INSTITUTE IS HEADQUARTERED IN CHARLOTTESVILLE, VIRGINIA, UNITED STATES, WITH BRANCH OFFICES IN LONDON, BRUSSELS, HONG KONG, NEW YORK, AND WASHINGTON D.C. AND SUBSIDIARY OFFICES IN BEIJING, HONG KONG, MUMBAI, SHANGHAI, SINGAPORE AND UAE. MORE

PART III, LINE 4D, OTHER PROGRAM SERVICES

CFA INSTITUTE ALSO PROVIDES A VARIETY OF PROGRAMS AND SERVICES TO ITS

INFORMATION ON THE ORGANIZATION CAN BE FOUND AT WWW.CFAINSTITUTE.ORG.

Name of the organization

CFA INSTITUTE

Employer identification number

54-1386480

MEMBERS AND TO THE GLOBAL INVESTMENT COMMUNITY AT LARGE. PROGRAMS INCLUDE
THE CERTIFICATE IN INVESTMENT PERFORMANCE MEASURMENT (CIPM), A

DESIGNATION PROGRAM FOR PROFESSIONALS THAT PRODUCE, INTERPRET, PRESENT
AND EXPLAIN INVESTMENT PERFORMANCE AND PRODUCTS (INCLUDING SELECTION AND
EVALUATION OF INVESTMENT MANAGERS), AND THE CFA INSTITUTE INVESTMENT
FOUNDATIONS, A PROGRAM FOR NON-PROFESSIONALS WORKING IN THE INVESTMENT
MANAGEMENT INDUSTRY.

PART VI, LINES 6, 7A & 7B

THE FOUR CLASSES OF MEMBERSHIP IN CFA INSTITUTE ARE REGULAR, AFFILIATE,

CHARTER-HOLDER MEMBERS AND MEMBER SOCIETIES. REGULAR MEMBERS ARE ENTITLED

TO ONE VOTE ON EACH MATTER SUBMITTED AT MEMBER MEETINGS. GOVERNORS,

EXCLUDING THOSE SERVING IN AN EX OFFICIO CAPACITY, CAN ONLY BE ELECTED BY

REGULAR MEMBERS. THE BOARD MAY HAVE UP TO TWO GOVERNORS WHO ARE NOT

REGULAR MEMBERS BUT ALL OTHER GOVERNORS MUST BE A REGULAR MEMBER.

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 THE FORM 990 WITH THE IRS.

PART VI, LINE 12C

CONFLICT OF INTEREST STATEMENTS ARE COLLECTED ANNUALLY. EMPLOYEE AND BOARD OF GOVERNORS' DISCLOSURES ARE DIRECTED TO THE CHIEF COMPLIANCE, RISK, AND ETHICS OFFICER. THE CONFLICT OF INTEREST POLICY PROVIDES

VARIOUS AVENUES FOR REPORTING, INCLUDING ANYONE WISHING TO ESCALATE

CONCERNS DIRECTLY TO THE AUDIT AND RISK COMMITTEE CHAIR. COMPLIANCE

TRAINING ON THE CODE OF CONDUCT, INCLUDING ON CONFLICTS OF INTEREST, IS

REQUIRED FOR ALL NEW EMPLOYEES AND ONGOING ANNUALLY. ALL EMPLOYEES

ACKNOWLEDGE THEIR UNDERSTANDING AND ADHERENCE TO POLICY WITHIN THE CODE

OF CONDUCT ANNUALLY. THE RESTRICTIONS IMPOSED ON A PERSON WITH A CONFLICT

VARY BASED ON THE NATURE OF THE CONFLICT AND THE SITUATION; HOWEVER,

RESOLUTION OF A CONFLICT COULD INCLUDE PROHIBITING A BOARD MEMBER FROM

PARTICIPATING IN A PARTICULAR DELIBERATION AND/OR DECISION.

#### PART VI, LINES 15A & 15B

TO ENSURE ONGOING AND EFFECTIVE CORPORATE GOVERNANCE, THE BOARD OF
GOVERNORS UTILIZES A COMMITTEE COMPRISED OF FOUR GOVERNORS WHO ARE
INDEPENDENT OF MANAGEMENT OF CFA INSTITUTE, AND ARE FREE OF ANY
RELATIONSHIP THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT
JUDGMENT. THE PEOPLE AND CULTURE COMMITTEE SETS THE COMPENSATION OF THE
CEO, INCLUDING ANY INCENTIVE, AND ENGAGES INDEPENDENT CONSULTANTS AS
NEEDED TO PROVIDE COMPENSATION RECOMMENDATIONS. THE COMMITTEE ENSURES
THAT INDEPENDENT COMPARATIVE COMPENSATION STUDIES ARE CONDUCTED ON AN
ANNUAL BASIS TO GAUGE THE COMPETITIVENESS OF EXECUTIVE COMPENSATION AT
CFA INSTITUTE. THE MOST RECENT EXECUTIVE MARKET STUDY WAS CONDUCTED IN
FY2019, WHEN CFA INSTITUTE RETAINED A GLOBAL MANAGEMENT CONSULTING FIRM
TO PROVIDE COMPETITIVE PAY BENCHMARKS THAT REFLECT THE MARKETS FROM WHICH
CFA INSTITUTE WOULD MOST LIKELY RECRUIT EXECUTIVE TALENT. PEER GROUP
SELECTION SPANNED DIFFERENT INDUSTRY SECTORS, INCLUDING NOT-FOR-PROFIT

Name of the organization

CFA INSTITUTE

Employer identification number

54-1386480

AND 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 WAS COLLECTED FROM PUBLICLY DISCLOSED IRS FORM 990S. DATA FOR THE OTHER INDUSTRY SECTORS WAS SOURCED USING BOTH THIRD-PARTY SURVEY DATA AND INFORMATION DISCLOSED ON PUBLIC FILINGS. THE CONSULTING FIRM PERFORMED THIS STUDY ON AN INDEPENDENT FEE BASIS. ADDITIONALLY, THE CFA INSTITUTE PEOPLE AND CULTURE COMMITTEE ALSO ENGAGES INDEPENDENT ADVISORS TO HELP INTERPRET HOW THE REPORTED MARKET DATA APPLIES TO CFA INSTITUTE'S EXECUTIVE POSITIONS.

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.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

HONG KONG

CHINA

INDIA

UNITED KINGDOM

SINGAPORE

UNITED ARAB EMIRATES

Name of the organization	Employer identification number
CFA INSTITUTE	54-1386480
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990. P	PART VII-	COMPENSATION	OF	$_{ m THE}$	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WPP GROUP USA INC (THE OGILVY GROUP) 636 11TH AVENUE NEW YORK, NY 10036	ADVERTISING	15,415,584.
ERNST & YOUNG U.S. LLP P.O. BOX 640382 PITTSBURGH, PA 15264	PROFESSIONAL SERVICE	15,202,998.
PAYMENTECH LLC 4 NORTHEASTER BOULEVARD SALEM, NH 03079	PROFESSIONAL SERVICE	11,128,761.
VITAL SOURCE TECHNOLOGIES, INC 1 INGRAM BLVD LA VERGNE, TN 37086	PRINTING SERVICES	5,348,177.
PROFESSIONAL EXAMINATION SERVICE (PES) 475 RIVERSIDE DRIVE NEW YORK, NY 10115	PROFESSIONAL SERVICE	4,795,565.

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization CFA INSTITUTE

Department of the Treasury

Internal Revenue Service

Employer identification number 54-1386480

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if app	licable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFA INSTITUTE CHINA LIMITED	98-0615079					
1401 HUTCHISON HOUSE	10 HARCOURT RD., HK	PROF. ORG	HK	227,140.	1,440,468.	CFA INSTITUT
(2) CFA INSTITUTE INDIA PRIVATE	LTD. 98-1196398					
103 NAMAN CENTER	MUMBAI, IN	PROF. ORG	IN	2,624,108.	3,096,089.	CFA INSTITUT
(3) CFA GLOBAL HOLDINGS, LLC	47-1269465					
P.O. BOX 2083	CHARLOTTESVILLE, VA 22902	HOLDINGS	VA	0.	0.	CFA INSTITUT
(4) SI WEI BEIJING ENTERPRISE MO	GMT 98-1228213					
ORIENTAL PLAZA	BEIJING, CH 100738	PROF. ORG	CH	4,485,456.	3,251,795.	CFA CHINA
(5) CFA INSTITUTE SINGAPORE PVT	LTD. 98-1261400					
19 FLORENCE ROAD	SINGAPORE, SN 549480	PROF. ORG	SN	709,200.	724,228.	CFA INSTITUT
(6) CFA INSTITUTE LTD.	98-1442588					
PART OF FL 7, AL MAQAM TOWER	ADGM SQUARE, AE	PROF. ORG	AE	1,044,000.	861,855.	CFA INSTITUT

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
						Yes	No
(1) CFA INSTITUTE RESEARCH FOUNDATION 54-6063408							
PO BOX 2083 CHARLOTTESVILLE, VA 22902	INV. RESEARCH	VA	501(C)(3)	7	CFA INSTITUT	X	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

(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)	(f) Share of total income	(g) Share of end-of- year assets	end-of- Dispropor		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		, , ,		<u> </u>			Yes	No		Yes	No	
(1) CVILLE OPER HUB, LLC 90-085722												
P.O. BOX 2083 CHARLOTT, VA 229	R/E LEASING	VA	N/A	N/A								
(2) CVILLE MASTER TENANT, LLC 80-0												
P.O. BOX 2083 CHARLOTT, VA 229	R/E LEASING	VA	N/A	N/A								
(3)												
_(4)												
_(5)												
_(6)												
(7)												

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	(c) 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	(h) Percentage ownership	Secti 512(b) contro	ion )(13) olled ty?
								Yes N	No
(1) CVILLE OPERATIONS HOLDINGS, INC. 45-5449709									
PO BOX 2083 CHARLOTTESVILLE, VA 22902	REAL ESTATE	VA	CFA INSTITUTE	C CORP	0.	6,935,801.	100.0000	х	
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Schedule R (Form 990) 2018

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Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

During the tax year, did the organization engage in any of the following transactions with one or more related organization a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  b (ift, grant, or capital contribution to related organization(s). c (ift, 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).  f (Dividends from 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)).  l (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).  o Sharing of paid employees with related organization(s).  p (Reimbursement paid to related organization(s) for expenses.  q (Reimbursement paid to related organization(s) for expenses.  r (Other transfer of cash or property to related organization(s).  2 (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including the property of the property from related organization for information on who must complete this line, including the property of the property from related organization for information on who must complete this line, including the property of the property from related organization for information on who must complete this line, including the property from related organization for informati			1a	X X X X X X X X X X X X X X X X X X X
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## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

	(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
				sections 512-514)		No			Yes	No		Yes	No	
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

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