

2015

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization CFA Tampa Bay Inc	D Employer identification number 51-0669210
Number and street (or P. O. box, if mail is not delivered to street address) c/o Ideas Inc 12157 W Linebaugh Ave	E Telephone number (813) 854-3759
City or town, state or province, country, and ZIP or foreign postal code Tampa, FL 33626	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►**H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► cfatampabay.org**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 86,637****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 39,000
	3 Membership dues and assessments	3 46,535
	4 Investment income	4 127
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0
	c Less direct expenses from gaming and fundraising events	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 975
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 86,637
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 10,198
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 367
	16 Other expenses (describe in Schedule O)	16 43,102
	17 Total expenses. Add lines 10 through 16 ►	17 53,667
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 32,970
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 166,255
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 199,225

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe in Schedule O)

25 **Total assets**

26 **Total liabilities** (describe in Schedule O)

27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . . .

(A) Beginning of year	(B) End of year	
166,255	22	199,225
	23	
	24	
166,255	25	199,225
	26	
166,255	27	199,225

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Promoting awareness of ethical and educational standards for investment professionals

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

(Grants \$)

If this amount includes foreign grants, check here

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John N McClure IV CFA CFP Director	1 00	0		
R Scott Givens CFA Director	1 00	0		
Carlos Crespo Director	1 00	0		
Marcus A Ingram PhD CFA Director	1 00	0		
Barbara A Phethean Director	1 00	0		
Mark A Williams Director	1 00	0		
Andrew Vanderhorst CFA CFP CLU Director	1 00	0		
Kendall Peacock CFA CAIA Director	1 00	0		
Matthew B Michaels CFA President	3 00	0		
Benjamin G Padilla CFA CMT Vice President	3 00	0		
Charles H Kard CFA Treasurer	2 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33	33	No
34	34	No
35a	35a	No
b	35b	No
c	35c	No
36	36	No
37a	37a	
b	37b	No
38a	38a	No
b	38b	
39	39a	0
a	39b	0
40a	40b	
b	40c	
c	40d	
d	40e	No
41		
42a		
b	42b	No
42c		No
43	43	
44a	44a	No
b	44b	No
c	44c	No
d	44d	No
45a	45a	No
45b		No

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here

***** Signature of officer Kendall P Peacock Treasurer Type or print name and title	2017-01-18 Date
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Paid Preparer Use Only	Print/Type preparer's name Sterne Cole	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01064818
	Firm's name ► Sterne K Cole CPA		Firm's EIN ►		
	Firm's address ► 24 7TH AVE SE LARGO, FL 33771		Phone no (727) 584-5582		

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 15000316
Software Version: 2015v3.0
EIN: 51-0669210
Name: CFA Tampa Bay Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>Provided monthly educational speaker program Enabled exchange of investment information and ideas, enhancement of investment knowledge, and awareness of standards on professional conduct and ethics</p> <p>28 Benefits membership, plus a significant number of guests and students (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

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<p>29 Provided educational support to candidates for the Chartered Financial Analyst designation. Encouraged attainment of the Chartered Financial Analyst designation and general development of investment ethics, education and skills. Benefits local candidates for designation (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	29a

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>
<p>Promoted public awareness of the Chartered Financial Analyst designation Developed understanding of 30 the CFA Institute standards among the investment profession and the general public (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a</p>

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**

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

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

2015**Open to Public
Inspection**Name of the organization
CFA Tampa Bay Inc**Employer identification number**
51-0669210**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	Miscellaneous Revenues \$607
Other Revenue 2	Other \$368

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Dinner Costs \$31889
Other Expenses 2	Conferences, Conventions/Mtgs \$5815

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Outreach/Awareness \$2539
Other Expenses 4	Travel \$1861

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Administrative \$859
Other Expenses 7	Other \$139