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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COMMUNITY ASSOCIATION INSTITUTE RESEARCH FOUNDATION		D Employer identification number 23-7438451		
		Number and street (or P O box, if mail is not delivered to street address) 225 REINEKERS LANE		Room/suite 300	E Telephone number (703)548-8600	
		City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314		F Group Exemption Number		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify)

I Website: WWW.CAIRF.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 180,676.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	165,670.
	2	Program service revenue including government fees and contracts	2	7,177.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe SEE STATEMENT 4)	8	7,829.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	180,676.	
Expenses	10	Grants and similar amounts paid (attach schedule)	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	3,825.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe SEE STATEMENT 1)	16	152,067.
17	Total expenses. Add lines 10 through 16	17	155,892.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,784.
	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	222,676.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	247,460.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	201,437.	22 222,568.
23 Land and buildings		23
24 Other assets (describe SEE STATEMENT 2)	28,171.	24 26,388.
25 Total assets	229,608.	25 248,956.
26 Total liabilities (describe SEE STATEMENT 3)	6,932.	26 1,496.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	222,676.	27 247,460.

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RESEARCH FOUNDATION

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 9		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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, or other relevant information for each program title		
28	SEE STATEMENT 6	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 49,846.
29	SEE STATEMENT 7	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 30,902.
30	SEE STATEMENT 8	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 23,372.
31	Other program services (attach schedule) SEE STATEMENT 10	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 16,568.
32	Total program service expenses (add lines 28a through 31a)	32 120,688.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ELLEN HIRSCH DE HAAN, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	PRESIDENT 1.00	0.	0.	0.
LINCOLN HOBBS, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	PRESIDENT ELECT 1.00	0.	0.	0.
SANDRA MATTESON-PIERSON, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	VICE PRESIDENT 1.00	0.	0.	0.
PAM SCOTT, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	TREASURER 1.00	0.	0.	0.
CAROLE MURPHY, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	SECRETARY 1.00	0.	0.	0.
ROBERT BROWNING, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
JULIE ADAMEN, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
CLAUDETTE CARINI, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
CAROL ESKEW, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
MICKEL GRAHAM, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
DAVID LARKIN, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
MICHAEL MENDILLO, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
MARK PEARLSTEIN, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
LUCIA ANNA TRIGIANI, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
MLYNN VOORHEES, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
DEBRA WARREN, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
STEVEN BRUMFIELD, 225 REINEKERS LANE, ALEXANDRIA, VA 22314	CAI BOARD LIAISON 1.00	0.	0.	0.

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**COMMUNITY ASSOCIATION INSTITUTE
RESEARCH FOUNDATION**

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Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0.			
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0., section 4912 ▶ _____ 0., section 4955 ▶ _____ 0.			
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0.			
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0.			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ NONE			
42a The books are in care of ▶ THE FOUNDATION Telephone no ▶ (703) 548-8600 Located at ▶ 225 REINEKERS LANE, SUITE 300, ALEXANDRIA, VA ZIP + 4 ▶ 22314			
b 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)?	42b		X
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
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 ▶ <input type="checkbox"/> 43 _____ N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		0

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: *Stephen C. Albert* Date: *5/3/10*
 Type or print name and title: *Stephen C. Albert, Chief Financial Officer*

Paid Preparer's Use Only
 Preparer's signature: *Auburn L. Wood* Date: *4/28/2010* Check if self-employed:
 Preparer's Identifying Number (See instr.):
 Firm's name (or yours if self-employed), address, and ZIP + 4: *TATE AND TRYON, 805 15TH STREET, NW SUITE 900, WASHINGTON, DC 20005*
 EIN: Phone no: *(202) 293-2200*

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	129,909.	175,574.	148,094.	155,420.	165,670.	774,667.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,643.	5,436.	21,570.	19,641.	7,177.	68,467.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	144,552.	181,010.	169,664.	175,061.	172,847.	843,134.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						843,134.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	144,552.	181,010.	169,664.	175,061.	172,847.	843,134.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	626.	3,821.	6,701.	9,824.	4,789.	25,761.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	626.	3,821.	6,701.	9,824.	4,789.	25,761.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,278.	1,678.	3,579.	4,496.	3,039.	18,070.
13 Total support (Add lines 9, 10c, 11, and 12)						886,965.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.06 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.90 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.69 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
TRAVEL	1,512.
OFFICE EXPENSE	5,674.
DUES & SUBSCRIPTIONS	370.
MISCELLANEOUS	2,889.
MEDIA & PRODUCTION	130.
AWARDS & SCHOLARSHIPS	6,629.
FOOD & BEVERAGE	3,014.
ADMINISTRATION FEE	110,000.
CONSULTANT	2,100.
GIFTS	1,592.
COST OF PUBLICATIONS	10,107.
CONTRIBUTION	8,050.
TOTAL TO FORM 990-EZ, LINE 16	152,067.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
A/R	0.	0.	
PREPAID EXPENSES	0.	6,385.	
INVENTORY	15,319.	5,212.	
DUE FROM CAI	12,852.	14,791.	
TOTAL TO FORM 990-EZ, LINE 24	28,171.	26,388.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE DUE TO CAI	0. 6,932.	884. 612.	
TOTAL TO FORM 990-EZ, LINE 26	6,932.	1,496.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

RESEARCH AND SURVEYS -- THE FOUNDATION CONDUCTS RESEARCH PROJECTS. ONE SUCH PROJECT IS THE DEVELOPMENT OF BEST PRACTICE REPORTS IN THE COMMUNITY ASSOCIATION INDUSTRY. THE FOUNDATION IS CURRENTLY DEVELOPING BEST PRACTICE REPORTS IN SELECT TOPIC AREAS, USING A VARIETY OF SOURCES. THIS PROJECT REPRESENTS AN ONGOING EXPLORATION OF BEST PRACTICE REPORTS USED IN COMMUNITY ASSOCIATIONS.

THE FOUNDATION ALSO PUBLISHES THE COMMUNITY ASSOCIATION MANAGER COMPENSATION AND SALARY SURVEY, THE DEFINITIVE RESOURCE FOR COMMUNITY ASSOCIATIONS AND MANAGEMENT COMPANIES TO PLAN REALISTIC BUDGETS, NEGOTIATE SALARIES, EVALUATE BENEFITS, AND REMAIN COMPETITIVE. THE SURVEY WAS DESIGNED TO ALLOW A COMPANY OR MANAGER TO COMPARE THEIR COMPENSATION LEVELS WITH PEERS. THE INFORMATION IN THIS SURVEY REPRESENTS COMPLETE, ACCURATE, AND UP-TO-DATE COMPENSATION DATA ON THE COMMUNITY ASSOCIATION INDUSTRY.

IN ADDITION TO PROVIDING BASIC COMPANY AND MANAGER PROFILE AND SALARY INFORMATION, THE SURVEY INCLUDES THE FOLLOWING FEATURES:

INFORMATION PRESENTED BY REGIONS

INFORMATION IN TEXT FORM, WITH A GREATER AMOUNT OF STATISTICAL AND INDUSTRY ANALYSES

SALARY DIFFERENCES BETWEEN MANAGERS WITH AND WITHOUT PROFESSIONAL DESIGNATIONS

DATA BASED ON COMMUNITY ASSOCIATION SIZE, IN ADDITION TO MANAGEMENT COMPANY SIZE

INFORMATION ON ALL ASSOCIATION EMPLOYEES, PARTICULARLY ON-SITE WORKERS

DESCRIPTIONS OF ONLINE AND PRINT RESOURCES REGARDING EMPLOYMENT AND OCCUPATIONAL OUTLOOKS

MEETINGS -- THE FOUNDATION PRESENTS EDUCATION SESSIONS AT THE CAI NATIONAL CONFERENCE. THE GOAL IS TO INITIATE A DIALOGUE ON, AND INCREASE AWARENESS OF, EMERGING TRENDS IN RESIDENTIAL COMMUNITY ASSOCIATION LIVING.

VOLUNTEER LEADERSHIP AND OTHER - THE FOUNDATION MAINTAINS SEVERAL HOMEOWNER REPRESENTATIVES ON ITS BOARD, AS A WAY OF PROVIDING HOMEOWNERS WITH A BIGGER VOICE IN THE FOUNDATION'S ACTIVITIES. HOMEOWNER REPRESENTATIVES ALSO PROVIDE THE FOUNDATION WITH A UNIQUE PERSPECTIVE ON ISSUES SURROUNDING HOME OWNERSHIP AND COMMUNITY ASSOCIATIONS.

CAI RESEARCH FOUNDATION PROMOTES POSITIVE CHANGE IN THE COMMUNITY ASSOCIATION INDUSTRY BY ILLUMINATING FUTURE TRENDS AND OPPORTUNITIES, SUPPORTING AND CONDUCTING RESEARCH, AND MOBILIZING RESOURCES.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 10

DESCRIPTION

GRANTS

EXPENSES

ADOPT-A-LIBRARY - THE ADOPT-A-LIBRARY PROGRAM ALLOWS SPONSORS TO PROVIDE LOCAL COMMUNITY LIBRARIES WITH CURRENT CAI PUBLICATIONS THAT ADDRESS A WIDE VARIETY OF HOMEOWNER AND ASSOCIATION BOARD CONCERNS. THE ADOPT-A-LIBRARY PROGRAM BENEFITS THE LIBRARY, HOMEOWNERS, AND THE LIBRARY SPONSOR. THE LOCAL LIBRARY OBTAINS A WIDE VARIETY OF PUBLICATIONS TO EDUCATE LOCAL HOMEOWNERS ABOUT COMMUNITY ASSOCIATIONS. HOMEOWNERS HAVE ACCESS TO THESE VALUABLE PUBLICATIONS, WHICH PROVIDE OPTIONS FOR ADDRESSING THE IMPORTANT ISSUES FACING COMMUNITY ASSOCIATIONS.

0.	16,568.
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TOTAL TO FORM 990-EZ, LINE 31

16,568.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization COMMUNITY ASSOCIATION INSTITUTE RESEARCH FOUNDATION	Employer identification number 23-7438451
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 REINEKERS LANE, NO. 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

• The books are in the care of ► **225 REINEKERS LANE, SUITE 300 - ALEXANDRIA, VA 22314**
 Telephone No. ► **(703) 548-8600** FAX No. ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2010**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► *Subrina H. Wood* Title ► **CPA** Date ► *2/12/2010*