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DLN: 93493132029552

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Open to Public

Internal R	Revenue S	-	► The organization may have to use a copy of this return to satisfy sta	ite reporting i	requirements	Inspection		
A For	the 2	010 cale	endar year, or tax year beginning 07-01-2010 and ending 06-30-2011			- <u>- </u>		
B Che	ck ıf apı	plicable	C Name of organization COMMUNITY ASSOCIATIONS INSTITUTE		D Employer	identification number		
✓ Addı	ress cha	ange	Doing Business As		23-7392	984		
Nam	ne chan	ige	Doing Dusiness As		E Telephone	e number		
Initia	al return	n –	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(703)97	0-9220		
☐ Term	nınated		6402 ARLINGTON BLVD NO 500		. ,			
☐ Ame	ended re	eturn	City or town, state or country, and ZIP + 4		G Gross recei	ipts \$ 11,883,620		
Г Аррі	lication j	pending	FALLS CHURCH, VA 22042					
			F Name and address of principal officer	H(a) is this a	roun return for aff	iliates? Yes No		
			THOMAS M SKIBA 6402 ARLINGTON BLVD NO 500	15 (115 4)	group rocurrior air	maces y res y rie		
			FALLS CHURCH, VA 22042	H(b) Are all a				
						st (see instructions)		
I Tax	-exemp	pt status	501(c)(3) ✓ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	H(c) Group	exemption r	lumber F		
J We	ebsite:	: ► WWW	CAIONLINE ORG					
₩ Form	of oras	anization [Corporation Trust Association Other ►	L Year of form	nation 1973	M State of legal domicile DC		
Par		Sumn		L real of foll	nation 1973	1-1 State of legal dofficile De		
Governance	C B LI	OMMUN BETTER C EADERS	cribe the organization's mission or most significant activities ITY ASSOCIATIONS INSTITUTE (CAI), AN INTERNATIONAL ORG, OMMUNITIES, PROVIDES EDUCATION AND RESOURCES TO COM, PROFESSIONAL MANAGERS, ASSOCIATION MANAGEMENT COM IONALS WHO PROVIDE PRODUCTS AND SERVICES TO COMMUNI	MUNITY AS PANIES ANI	SOCIATION OOTHER BU	N HOMEOWNER		
ড	2 C	heck this	box 🛌 if the organization discontinued its operations or disposed of	more than 25	5% of its net	assets		
Activities &			voting members of the governing body (Part VI, line 1a)		з	14		
≝	4 N	Number of independent voting members of the governing body (Part VI, line 1b) 4						
1 등	5 T	otal num	ber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	50		
۲	6 T	otal num	ber of volunteers (estimate if necessary)		6	150		
	7a Total unrelated business revenue from Part VIII, column (C), line 12				442,475			
	ЬN	let unrela	ted business taxable income from Form 990-T, line 34		7b	6,221		
				Prior		Current Year		
<u>a</u>	8		utions and grants (Part VIII, line 1h)	Prior	8,400	7,655		
renue	9	Program	service revenue (Part VIII, line 2g)	Prior	8,400 9,984,728	7,655 10,668,620		
Revenue	9 10	Program Investm	service revenue (Part VIII, line 2g)	Prior	8,400 9,984,728 51,978	7,655 10,668,620 157,395		
Revenue	9 10 11	Program Investm Other re	service revenue (Part VIII, line 2g)	Prior	8,400 9,984,728	7,655 10,668,620 157,395		
Revenue	9 10	Program Investm Other re Total re 12) .	service revenue (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585	7,655 10,668,620 157,395 412,493 11,246,163		
Revenue	9 10 11 12	Program Investm Other re Total re 12) . Grants a	ent income (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250	7,655 10,668,620 157,395 412,493 11,246,163		
Revenue	9 10 11 12 13 14	Program Investm Other re Total re 12). Grants a Benefits	ent income (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585	7,655 10,668,620 157,395 412,493 11,246,163 15,166		
	9 10 11 12	Program Investm Other re Total re 12). Grants a Benefits Salaries	ent income (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250	7,655 10,668,620 157,395 412,493 11,246,163 15,166		
	9 10 11 12 13 14	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10)	service revenue (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0		
	9 10 11 12 13 14 15	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Professi	ent income (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250 0	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0		
Expenses Revenue	9 10 11 12 13 14 15	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Professi	service revenue (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250 0	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359		
	9 10 11 12 13 14 15 16a b	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Professi Total func	service revenue (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0		
Expenses	9 10 11 12 13 14 15 16a b	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Professi Total func Other ex Total ex	service revenue (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284		
Expenses	9 10 11 12 13 14 15 16a b	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Professi Total func Other ex Total ex	service revenue (Part VIII, line 2g)	Beginning	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Profess Total func Other ex Total ex Revenue	reservice revenue (Part VIII, line 2g)		8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current car	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Professi Total func Other ex Revenue	service revenue (Part VIII, line 2g)	Beginning	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Profess Total func Other ex Revenue Total as Total lia	reservice revenue (Part VIII, line 2g)	Beginning	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current sar 4,163,842 4,063,579	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864		
Not Assets or Expenses Fund Batances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Professi Total func Other ei Total ex Revenue Total as Total lia Net ass	reservice revenue (Part VIII, line 2g)	Beginning	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864		
Net Assets of Expenses and Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till penaltiedge ar	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Profess Total func Other e: Total ex Revenue Total as Total lia Net ass Signa ties of per nd belief,	service revenue (Part VIII, line 2g)	Beginning Ye	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882		
work Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penaltiedge areedge.	Program Investm Other re Total re 12) Grants a Benefits Salaries 5-10) Professi Total func Other ei Total ex Revenue Total as Total lia Net ass Signa ties of per nd belief,	service revenue (Part VIII, line 2g)	Beginning Ye	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263 eatements, and ill information	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882		
Net Assets of Expenses Independent Sign	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penaltiedge areedge.	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Professi Total func Other ex Revenue Total as Total lia Net ass Signa ites of perind belief,	service revenue (Part VIII, line 2g)	Beginning Ye	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263 eatements, and ill information	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882		
work Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penaltiedge areedge.	Program Investm Other ref Total ref 12). Grants a Benefits Salaries 5-10) Professi Total func Other ei Total ex Revenue Total as Total lia Net ass Signa ties of perind belief, BRUCE	service revenue (Part VIII, line 2g)	Beginning Ye	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263 eatements, and ill information	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882		
Net Assets of Expenses Independent Sign	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till penaltiedge areedge.	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Profess Total func Other e: Total ex Revenue Total as Total lia Net ass Signa Lies of per Ind belief, BRUCE Type o	service revenue (Part VIII, line 2g)	Beginning Ye ledules and statis based on all 201 Dat	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263 attements, and il information 2-05-11 e	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882		
Sign Heres Expenses Day Expenses Part Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 tIII penaltiedge aredge.	Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Professi Total func Other e: Total ex Revenue Total as Total lia Net ass Signa Lies of per Ind belief, BRUCE Type o Print/Type Original Type Original T	service revenue (Part VIII, line 2g)	Beginning Ye ledules and statis based on all 201 Dat	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263 eatements, and il information	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882 to the best of my of which preparer has any		
Net Assets of Expenses Independent Pund Batances Sign	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penaltiedge areedge.	Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Profess Total func Other ex Total ex Revenue Total as Total lia Net ass Signa iles of per ind belief, BRUCE Type of perparer's n Firm's name	service revenue (Part VIII, line 2g)	Beginning Ye ledules and statis based on all 201 Dat	8,400 9,984,728 51,978 259,479 10,304,585 6,250 0 3,863,269 0 6,121,936 9,991,455 313,130 of Current ear 4,163,842 4,063,579 100,263 attements, and il information 2-05-11 e	7,655 10,668,620 157,395 412,493 11,246,163 15,166 0 3,924,359 0 6,646,759 10,586,284 659,879 End of Year 6,192,746 5,329,864 862,882 to the best of my of which preparer has any		

WASHINGTON, DC 20036

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

Par		nent of Program Service A Schedule O contains a response			F
1	Briefly describ	e the organization's mission	· ·		
COM	MUNITY ASSO	TO ADVANCING THE SUCCES CIATIONS OUR MISSION IS T ALS THAT ARE REFLECTED IN I	O INSPIRE PROFESSIONALIS		
2		ation undertake any significant p 990 or 990-EZ?		which were not listed on	Yes 🗸 No
	If "Yes," descri	be these new services on Schedi	ıle O		
3		ation cease conducting, or make	significant changes in how it co		Yes 🔽 No
	If "Yes," descri	be these changes on Schedule O			
4	Section 501(c)	kempt purpose achievements for (3) and 501(c)(4) organizations others, the total expenses, and re	and section 4947(a)(1) trusts a	re required to report the amoun	
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	DESIGNATIONS, T INSURANCE, LAW AND EFFECTIVE (OURSES, SEMINARS, WORKSHOPS AND OF ADVANCE EXCELLENCE IN COMMUNITY, LEADERSHIP, GOVERNANCE, FINANCE COMMUNITIES CAI'S PROFESSIONAL DE PROFESSIONALS BECOME MORE VERSE	TY GOVERNANCE AND MANAGEMENT CO AND COMMUNICATIONS SO THEY CAN VELOPMENT MANAGEMENT PROGRAM O	OMMUNITY ASSOCIATION MANAGERS I HELP THEIR CLIENTS CREATE AND MA FFERS A NUMBER OF COURSES THRO	NEED TO UNDERSTAND INTAIN STRONG, VIBRANT
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	MAGAZINE, AND S	ND RESOURCES CAI PUBLISHES A WE SPECIALIZED NEWSLETTERS ON COMMU LEARINGHOUSE FOR INFORMATION ON	NITY ASSOCIATION GOVERNANCE, LAW	AND COMMUNITY MANAGEMENT CAI	ALSO CONDUCTS RESEARCH
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PROFESSIONALS TELECOMMUNICA CLOSELY WITH O' BODIES CAI ALSO	I'S GOVERNMENT AND PUBLIC AFFAIRS BEFORE THE U S CONGRESS, FEDERAL ATIONS, TAXES, FAIR HOUSING, INSURA VER 30 STATE LEGISLATIVE ACTION CON D PREPARES AMICUS CURIAE (FRIEND O COMMUNITY ASSOCIATION LAW	AGENCIES AND A MULTITUDE OF OTHE NCE, BANKRUPTCY REFORM, AND PRIV MITTEES TO PROTECT MEMBERS' INTE	R POLICY-SETTING BODIES ON ISSUES ATE PROPERTY PROTECTION THE LEG RESTS BEFORE STATE AND LOCAL LEG	S RANGING FROM GISLATIVE STAFF ALSO WORKS GISLATIVE AND REGULATORY
4-1	O * b * a * = = = = = = = = = = = = = = = = =				
4d	(Expenses \$	n services (Describe in Schedule	eO) g grants of \$) (Revenue \$)
			y grants or \$) (Veneline à)
4e	Fotal program	service expenses - \$			

Part IV	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II**	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\square}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 32			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
3	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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
l	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 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 required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction 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				
b	Enter the number of voting members included in line 1a, above, who are independent	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No	
6	Does the organization have members or stockholders?	6	Yes		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)				
			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes		
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b		Νo	
	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 arrangement with a taxable entity during the year?	16a		No	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request				

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

6402 ARLINGTON BLVD NO 500 FALLS CHURCH, VA 22042

(703) 970-9264

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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		tıon ((C) on (check all at apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) P MICHAEL NAGLE ESQ PRESIDENT (TIL DEC '10)	2 00	Х		х				0	0	0
(2) STEVEN Y BRUMFIELD PRESIDENT (AS OF JAN '11)	2 00	Х		х				0	0	0
(3) KATHRYN C DANELLA PRESIDENT-ELECT	2 00	Х		х				0	0	0
(4) DENNIS C ABBOTT TRUSTEE	2 00	х						0	0	0
(5) ROBERT E BARLOW JR TRUSTEE (TIL DEC '10)	2 00	х						0	0	0
(6) DAVID I CAPLAN TRUSTEE (TIL DEC '10)	2 00	Х						0	0	0
(7) VICTORIA A COHEN TRUSTEE (AS OF JAN '11)	2 00	Х						0	0	0
(8) HENRY A GOODMAN ESQ TRUSTEE (AS OF JAN '11)	2 00	Х						0	0	0
(9) TED S HERRLE TRUSTEE	2 00	Х						0	0	0
(10) JULIE MCGHEE HOWARD ESQ TRUSTEE	2 00	Х						0	0	0
(11) CATHY S KELLY TRUSTEE (AS OF JAN '11)	2 00	Х						0	0	0
(12) LORI LOCH-LEE TRUSTEE (AS OF JAN '11)	2 00	Х						0	0	0
(13) MICHAEL J MAGNOTTA III TRUSTEE (TIL DEC '10)	2 00	Х						0	0	0
(14) JACK MCGRATH TRUSTEE (TIL DEC '10)	2 00	Х						0	0	0
(15) JOHN MCINERNEY TRUSTEE	2 00	Х						0	0	0
(16) DREW REGITZ TRUSTEE	2 00	Х						0	0	0

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

(A) Name and Title		(B) Average hours	Posi t	(o tion (hat a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estima mount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	o	compens from t rganizati relat organiza	the on and ed
	KELLY G RICHARDSON ESQ TEE (AS OF JAN '11)	2 00	х						0		0		0
(18) TRUS	richard salpietra esq Tee	2 00	х						0		0		0
(19) TRUS	MICHAEL WM SHIFLETT TEE	2 00	х						0		0		0
	THOMAS M SKIBA E EXECUTIVE OFFICER	40 00			х				272,268		0		17,069
	STEPHEN C ALBERT F FINANCIAL OFFICER	40 00			х				120,896		0		10,912
	DAWN BAUMAN CAM EXECUTIVE DIRECTOR	40 00					х		125,838		0		10,620
	ANDREW FORTIN OVERNMENT & PUBLIC AFFAIRS	40 00					х		111,960		0		7,119
	FRANK RATHBUN OMMUNICATIONS & MARKETING	40 00					х		108,185		0		4,075
1b	Sub-Total							►					
	Total from continuation sheets t					•	-	<u></u>	739,147	0	-		49,795
d 	Total (add lines 1b and 1c) Total number of individuals (inclu						ibove)						49,793
_	\$100,000 in reportable compens						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******		•			
												Yes	No
3	Did the organization list any form on line 1a? <i>If "Yes," complete Scho</i>	•							· ·	ated employee	3		No
4	For any individual listed on line 1 organization and related organiza individual										4	Yes	
5	Did any person listed on line 1a r services rendered to the organiza									r individual for	5	100	No
	ection B. Independent Cont	ractors											
1	Complete this table for your five \$100,000 of compensation from	hıghest compen		depe	nde	nt c	ontrac	tors	that received more	than			
	Nam	(A) e and business add	ress						Descri	(B) ption of services		(C Comper	
											1	•	
											\pm		

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 **F**0

		2010)					Pa	age 9
Part \	/!!!	Statement of Revenu	ıe		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, gifts, grants and other similar amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	. 1c					513, or 514
contributions and other	g	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in li	e nes 1a-1f \$	7,655	7,655			
Program Service Revenue	f	MEMBERSHIP DUES EDUC COURSES/WEBINARS CONFS/SEMINARS/WRKSHPS DESIGNATION PRGM FEES AFFILIATES MGMT FEES All other program service rev	/enue	900099 611600 900099 611430 561000	2,366,756	472,000 31,993	30,000	561,13
	3 4 5 6a	Investment income (including and other similar amounts) Income from investment of tax-exception (including and other similar amounts) Royalties	empt bond proceeds	(II) Personal	57,709 206,491			57,709 206,493
	c	expenses Rental income or (loss) Net rental income or (loss) Gross amount	11,399	(II) O ther	11,399			11,39
Other Kevenue	b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	445,478 112,135	-12,449	99,686			99,68
OTIBE	9a b c 10a	Less direct expenses Net income or (loss) from fur Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold . Net income or (loss) from sa	b Indraising events Indraising events Indraising events Indicate the curvature of the control of t	255,549 84,796	170,753	170,753		
	11a b	Miscellaneous Revenue MISCELLANEOUS		Business Code 900099	23,850			23,85
	е	Total. Add lines 11a-11d . Total revenue. See Instruction	· · · · · · •		23,850		442,475	960,270

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
			(B)	(D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,166					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	426,936					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	2,918,377			_		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,434					
9	Other employee benefits	238,256					
10	Payroll taxes	250,356					
а	Fees for services (non-employees) Management						
b	Legal	29,456					
c	Accounting	20,055			_		
d	Lobbying						
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
g	Other	279,925					
12	Advertising and promotion	27,651					
13	Office expenses	280,747					
14	Information technology	167,174					
15	Royalties						
16	Occupancy	633,534					
17	Travel	361,205					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	1,590,423					
20	Interest	2,845					
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	255,484					
23	Insurance	21,814					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)						
a	UBIT TAXES	9,525					
b	CHAPTER REBATES	1,709,747					
c	PUBLICATION COSTS	338,015					
d	COMMISSIONS	283,817					
e	EDU COURSE DVLPMT COSTS	223,814					
f	All other expenses	411,528					
25	Total functional expenses. Add lines 1 through 24f	10,586,284					
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			274,375	1	578,130
	2	Savings and temporary cash investments		317,856	2	381,356	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		152,706	4	111,092	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	nploye	rs, and			
		Schedule L				6	
8	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			149,855	8	125,006
	9	Prepaid expenses and deferred charges			331,773	9	145,150
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	2,378,859			
	b	Less accumulated depreciation	10b	997,922	579,287	10c	1,380,937
	11	Investments—publicly traded securities	2,242,365	11	3,198,070		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets	115,625	14	103,454		
	15	Other assets See Part IV, line 11	0	15	169,551		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,163,842	16	6,192,746		
	17	Accounts payable and accrued expenses .			1,058,587	17	1,191,608
	18	Grants payable				18	
	19	Deferred revenue		2,785,168	19	3,011,734	
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedule		21			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			219,824	25	1,126,522
	26	Total liabilities. Add lines 17 through 25			4,063,579	26	5,329,864
5		Organizations that follow SFAS 117, check here ▶ 🗸 and comp	lete lir	nes 27			
ġ		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			100,263	27	862,882
Balance	28	Temporarily restricted net assets			28		
Fund	29	Permanently restricted net assets			29		
Fui		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d com	olete			
٥ř		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			100,263	33	862,882
	34	Total liabilities and net assets/fund balances			4,163,842	34	6,192,746

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,2	246,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses Subtract line 2 from line 1	3		6	559,87		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	102,74		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))						
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			৮			
1	Accounting method used to prepare the Form 990			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b				

DLN: 93493132029552

OMB No 1545-0047

Open to Public **Inspection**

anization.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Part I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization
	23-7392984
COMMUNITY ASSOCIATIONS INSTITUTE	
Name of the organization	Employer identification number

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2	Political expenditures			▶	\$
3	Volunteer hours				
Dor	t I-D. Complete if the or	ganization is exempt under s	action E01/a	-)/3)	
1		e tax incurred by the organization und			ф
2	·	e tax incurred by organization manage			Φ
3	•	ection 4955 tax, did it file Form 472		, 1333 F	↑ Yes No
3 4a	Was a correction made?	rection 4555 tax, and it me form 472	o for this year.		Γ Yes Γ No
ь	If "Yes," describe in Part IV				1 163 1 110
		ganization is exempt under s	section 501(c) except section 501	L(c)(3).
1		ended by the filing organization for sec			\$
2		organization's funds contributed to oth			\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			↑
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered	m the filing organization's f to a separate political orga	funds Also enter the nization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
For P	aperwork Reduction Act Notice, se	 e the Instructions for Form 990 or 990	· EZ .		Form 990 or 990-EZ) 2010

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768	
	(election under section 501(h)).			

	(election under section 501(h)).					
		(a	1)		(b)	
		Yes	No	'	A mour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		Νo

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	5,163,/59
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	637,026
b	Carryover from last year	2b	-421,109
С	Total	2c	215,917
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	671,289
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-455,372

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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DLN: 93493132029552

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate contributions to (during year) Did the organization from all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Preservation of Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Number of conservation easements and certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements included in (c) acquired after 8/17/06 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the	emal R	evenue Service	► Attach to Fe	orm 990. ► See separate instructions.		Inspect	ion		
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Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶				ŀ					
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Number of states where property subject to conservation easement is located ▶				L	ed by the organiza	tion during			
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Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	l	balance sheet	, and include, if applicable, the text of t	the footnote to the organization's financial					
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(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	ı	historical trea	sures, or other similar assets held for	public exhibition, education, or research ii					
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	((i) Revenues	included in Form 990, Part VIII, line 1		► \$_				
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	((ii) Assets inc	cluded in Form 990, Part X		> \$				
following amounts required to be reported under SFAS 116 relating to these items	:]	If the organiza	ation received or held works of art, hist						
a Revenues included in Form 990, Part VIII, line 1 ► \$	a _i	Revenues incl	luded in Form 990, Part VIII, line 1		▶ \$				
b Assets included in Form 990, Part X									

Part	Organizations Maintaining Co	llections of Art	, His	tori	cal Tr	easu	ires, or O	<u>the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		_			n	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	/ furthe	r the c	organization	's ex	empt purpose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	zatıor			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	tions	or other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ng ta	able						
									Amo	unt	
С	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_		Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	<i>(</i>									
	t V Endowment Funds. Complete		n ans	were	ed "Yes	s" to	Form 990,	Par	t IV, line 10.		
	•	(a)Current Year		Prior \			o Years Back			e) Four Y	ears Back
1 a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs							╀			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiz	ation 1	that a	re held	l and a	dministered	d for	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i)		<u> </u>
L	(ii) related organizations							•	3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	3b		<u></u>
	VI Investments—Land, Buildings					۵0 D:	art V line	10			
ген	Till Till Carrier Carrette Land, Buildings	s, and Equipme	III. J						(-) A		
	Description of investment				Cost or s (invest		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
	and		•						B.		
	Buildings		•								
c L	easehold improvements		•				714	,142	27,051		687,091
d E	quipment		•				434	,073	160,930		273,143
е (quipment						434 1,230	•	160,930 809,941		273,143 420,703

Part VII Investments—Other Securities. See I	Form 990, Part X, line 13		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
——————————————————————————————————————	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.	4	
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	- *		
DUE TO AFFILIATED ORGANIZATIONS	18,605		
DUE TO CAI CHAPTERS/COMMITTEES	188,413		
DEFERRED RENT LIABILITY	919,504		
	2 2 3 , 3 3 1		
Total (Column (h) chould agreed for 2000 Part V. 1/01/1 25.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,126,522		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,246,163
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,586,284
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	659,879
4	Net unrealized gains (losses) on investments	4	102,740
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	102,740
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	762,619
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	11,540,732
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	102,740
3	Subtract line 2e from line 1	3	11,437,992
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	-191,829
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,246,163
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	10,778,113
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	191,829
3	Subtract line 2e from line 1	3	10,586,284
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4 c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,586,284
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE INSTITUTE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR INCOME TAX POSITIONS TAKEN THEREFORE, MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS THE FISCAL YEARS ENDING JUNE 30, 2008 THROUGH 2011 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -84,796 RENT EXPENSES ALLOCATED TO SUBTENANT -94,584 LOSS ON DISPOSAL OF FIXED ASSETS -12,449
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 84,796 RENT EXPENSES ALLOCATED TO SUBTENANT 94,584

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

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493132029552

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
COMMUNITY ASSOCIATIONS INSTITUTE

Employer identification number

23-7392984

Part I General Inform	nation on Grants	and Assistance				•	
 Does the organization ma the selection criteria used Describe in Part IV the organization 	d to award the grants o	rassistance [?]					▼ Yes
Part II Grants and Oth Form 990, Part I	ner Assistance to V, line 21 for any re	Governments and ecipient that received ded	Organizations in more than \$5,000	the United States . Check this box if r	no one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TEXAS COMMUNITY ASSOCIATION ADVOCATES9119 HIGHWAY 6 STE 230 222 MISSOURI CITY,TX 774594879	27-3092229	501(C)(6)	15,000				TO IMPROVE PARTNERSHIPS WITH CHAPTERS ON THEIR LEGISLATIVE EFFORTS AND ISSUES FACING THE INDUSTRY AND HOMEOWNERS IN THE STATE OF TEXAS
2 Enter total number of sec3 Enter total number of other							

Identifier

Return Reference

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

Schedule I (Form 990) 2010

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

DLN: 93493132029552

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	nizati	on	
COMMU	JNIT	Y AS	SOCIA	ATIONS	INSTIT	Ή

Employer identification number

23-7392984

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationg organization's CEO/Executive Director Check all the	nat apply	y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III	J	· · · · · · · · · · · · · · · · · · ·	8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI: (ii) Bonus & Incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
		соттрензации	compensation	compensation				Form 990-EZ
	(I) (II)	233,971 0	28,960 0		9,494 0	11,155 0	292,917 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029552

OMB No 1545-0047

2010

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE 0

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** COMMUNITY ASSOCIATIONS INSTITUTE

23-7392984

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERSHIP IN CAI IS OPEN TO INDIVIDUALS, CORPORATIONS, PUBLIC AGENCIES, ASSOCIATIONS, PARTNERSHIPS AND OTHER ENTITIES THAT SUBSCRIBE TO AND SUPPORT THE PURPOSE AND OBJECTIVES OF CAI, ARE INTERESTED IN CAI'S ACTIVITIES, AND MEET THE REQUIREMENTS FOR ONE OF THE CLASSES OF MEMBERS IN CAI CAI HAS FOUR CLASSES OF MEMBERSHIP, AS FOLLOWS (1) "COMMUNITY ASSOCIATION VOLUNTEERS" IS AVAILABLE TO ALL INDIVIDUALS RESIDING IN OR OWNING A UNIT IN A COMMUNITY ASSOCIATION VOLUNTEERS ARE CONSIDERED TO BE INDIVIDUAL MEMBERS OF CAI WITH FULL VOTING RIGHTS (2) "COMMUNITY MANAGERS" CONSIST OF PROFESSIONAL MANAGERS OF ALL TYPES OF ASSOCIATION-GOVERNED COMMUNITIES ALL COMMUNITY MANAGERS ARE TREATED AS INDIVIDUAL MEMBERS OF CAI WITH FULL VOTING RIGHTS (3) "BUSINESS PARTNERS" CONSIST OF PROFESSIONALS AND OTHER PROVIDERS OF PRODUCTS, SERVICES, SUPPORT, AND COUNSEL TO ASSOCIATION-GOVERNED COMMUNITIES, INCLUDING DEVELOPERS OF SUCH COMMUNITIES THE COMPANY, PARTNERSHIP, CORPORATION, OR OTHER BUSINESS ENTITY DESIGNATES AN INDIVIDUAL TO EXERCISE VOTING RIGHTS FOR THE ENTITY EMPLOYEES OF A BUSINESS PARTNER MEMBER WILL BE PERMITTED TO BE ELECTED OR APPOINTED TO COMMITTEES, THE BUSINESS PARTNERS COUNCIL, OR THE BOARD OF TRUSTEES (4) "MANAGEMENT COMPANY MEMBERSHIP INCLUDES AN INDIVIDUAL MANAGEMENT COMPANIES EACH MANAGEMENT COMPANY MEMBERSHIP INCLUDES AN INDIVIDUAL MANAGER MEMBERSHIP TO BE HELD BY THE CEO (OR EQUIVALENT POSITION) OF THE MANAGEMENT COMPANY WHO EXERCISES THE MANAGEMENT COMPANY'S VOTING RIGHTS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		EACH MEMBER OF CAI IS ELIGIBLE TO SERVE ON CAI COUNCILS, COMMITTEES AND BOARDS, INCLUDING THE BOARD OF TRUSTEES AND MEMBERSHIP REPRESENTATION GROUPS CAI HAS ESTABLISHED "MEMBERSHIP REPRESENTATION GROUPS" (SUB-BOARDS) TO REPRESENT AND COMMUNICATE WITH THEIR SPECIFIC MEMBERSHIP CLASS(ES) IN ORDER TO PROVIDE INPUT TO THE BOARD OF TRUSTEES ON POLICY MATTERS, TO APPOINT NEW MEMBERS TO THE BOARD OF TRUSTEES, AND TO PROVIDE RECOMMENDATIONS TO THE NOMINATING COMMITTEE FOR AT-LARGE POSITIONS ON THE BOARD OF TRUSTEES EACH MEMBERSHIP REPRESENTATION GROUP IS COMPRISED OF MEMBERS WHO FALL WITHIN THE GROUP'S REPRESENTED MEMBERSHIP CLASS, AND ARE ELECTED ANNUALLY BY THE CAI MEMBERS WITHIN THE REPRESENTED CLASS USING INTERNET-BASED BALLOTING ELECTIONS CAI HAS THREE MEMBERSHIP REPRESENTATION GROUPS, AS FOLLOWS (1) "ASSOCIATION OF PROFESSIONAL COMMUNITY MANAGERS BOARD" (APCM) CONSISTS OF TWELVE MEMBERS FROM EITHER THE COMMUNITY MANAGERS MEMBERSHIP CLASS OR THE DESIGNATED REPRESENTATIVES OF THE MANAGEMENT COMPANIES MEMBERSHIP CLASS THE APCM BOARD MAY APPOINT ANY FOUR OF ITS MEMBERS TO SERVE ON THE BOARD OF TRUSTEES (2) "COMMUNITY ASSOCIATION VOLUNTEERS MEMBERSHIP CLASS THE COMMITTEE MAY APPOINT ANY TWO OF ITS MEMBERS TO SERVE ON THE BOARD OF TRUSTEES (3) "BUSINESS PARTNERS COUNCIL" CONSISTS OF TWELVE MEMBERS FROM THE BUSINESS PARTNERS MEMBERSHIP CLASS THE COUNCIL MAY APPOINT ANY TWO OF ITS MEMBERS TO SERVE ON THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THERE IS AN ANNUAL MEETING OF THE MEMBERS OF CAI FOR THE TRANSACTION OF ANY NECESSARY BUSINESS DETERMINED BY THE BOARD OF TRUSTEES AND NOTIFIED TO THE MEMBERS AT LEAST THIRTY DAY'S PRIOR TO THE MEETING EACH MEMBER IS ENTITLED TO CAST ONE VOTE ON ALL MATTERS REQUIRED TO BE VOTED UPON BY MEMBERS ANY TEN MEMBERS OF CAI PRESENT IN PERSON OR BY PROXY IS DEEMED TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT THE MEETING IN ADDITION, ANY PROPOSED 'MATERIAL' AMENDMENTS TO OR ALTERATIONS OF THE CAI BY LAW'S REQUIRES THE AFFIRMATIVE VOTE OF THE AGGREGATE MAJORITY OF THE MEMBERS OF ALL MEMBERSHIP REPRESENTATION GROUPS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CHIEF FINANCIAL OFFICER AND THE CONTROLLER REVIEW THE FORM 990 AND ALSO HAVE THE PROGRAM AREA HEADS UPDATE APPLICABLE SECTIONS AND DESCRIPTIONS AS NEEDED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF TRUSTEE MEMBERS AS WELL AS ALL OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY POTENTIAL ISSUES OTHER EMPLOYEES SIGN AN ACKNOWLEDGEMENT UPON HIRE THAT THEY HAVE READ AND UNDERSTAND THE POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY, CONTAINED WITHIN THE EMPLOYEE HANDBOOK

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE CHIEF EXECUTIVE OFFICER HAS AN ANNUAL REVIEW CONDUCTED BY OFFICERS OF THE BOARD OF TRUSTEES PUBLISHED NOT-FOR-PROFIT SALARY BENCHMARKS ARE UTILIZED IN THE DISCUSSION

Identifier	Return Reference	Explanation					
	· '	CAI'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE GENERAL PUBLIC ONLY UPON WRITTEN REQUEST THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASSOCIATION'S WEBSITE					

ldentifier	Return Reference	Explanation				
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 102,740				

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 2C THE OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM PREVIOUS YEARS

DLN: 93493132029552

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

SCHEDULE R

COMMUNITY ASSOCIATIONS INSTITUTE 23-7392984 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity 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.)

(d) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Direct controlling Primary activity Exempt Code section Public charity status controlled or foreign country) (if section 501(c)(3)) entity organization Yes (1) COMMUNITY ASSOCIATION INSTITUTE RESEARCH FOUNDATION PROMOTES POSITIVE 6402 ARLINGTON BLVD 500 No CHANGE IN THE COMMUNITY LINE 9 DC 501(C)(3) ASSOCIATION INDUSTRY FALLS CHURCH, VA 22042 23-7438451 (2) NATIONAL BOARD OF CERTIFICATION FOR COMMUNITY ASSOCIATION MANAGERS ADMINISTERS THE "CERTIFIED MANAGER OF 6402 ARLINGTON BLVD 510 501(C)(6) COMMUNITY ASSOCIATIONS" CERT PROGRAM FALLS CHURCH, VA 22042 54-1794091

		ble as a Partners reated as a partne		answered "\	es" on Form 990,	Part IV, lır	ne 34
	(c)	(-)		(h)	(i)	(j)	

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	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	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	iging	(k) Percentage ownership
						Yes	No		Yes	No	

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CAI SERVICES INC 6402 ARLINGTON BLVD SUITE 500 FALLS CHURCH, VA22042 54-2040247	CURRENTLY IN THE PROCESS OF BEING DISSOLVED	VA	COMMUNITY ASSOCIATIONS INSTITUTE	С			100 000 %

ched	tule R (Form 990) 2010		Рa	ige 3
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 3	36.)		
ľ	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Dui	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to other organization(s)	1b		No
c (Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f :	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i L	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j l	Lease of facilities, equipment, or other assets from other organization(s)	1 j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I F	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m s	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	-
0	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL BOARD OF CERTIFICATION FOR COMMUNITY ASSOCIATION MANAGERS INC	к		BOARD-APPROVED BUDGET & CONTRACT
(2) COMMUNITY ASSOCIATION INSTITUTE RESEARCH FOUNDATION	К		BOARD-APPROVED BUDGET & CONTRACT
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				\vdash		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010