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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

DLN: 93493132006446

Open to Public Inspection

A Fo	rthe 2	2014 cal		07-01-2014 , and ending 06-30-20	15		
B Che	ck ıf ap	plicable	C Name of organization COMMUNITY ASSOCIATIONS INSTITU	TE		D Employ	er identification number
☐ Add	ress cha	ange				23-73	92984
┌ Nar	ne chan	nge	Doing business as				
┌ Inıt	al returi	n				F Telepho	ne number
_ Fina			Number and street (or P O box if ma 6402 ARLINGTON BLVD NO 500	all is not delivered to street address) Room/s	uite	· ·	
_	ırn/term		0402 AREINGTON BEVD NO 300			(703)	970-9220
	ended re		City or town, state or province, count FALLS CHURCH, VA 22042	try, and ZIP or foreign postal code		G Gross re	eceipts \$ 13,060,225
☐ App	lication	pending				G Gloss le	ECEIPTS \$ 13,000,223
			F Name and address of princ	cipal officer		this a group	
			THOMAS M SKIBA 6402 ARLINGTON BLVD NO	500	sı	ibordinates?	┌ Yes 🗸 No
			FALLS CHURCH, VA 22042		Н(b) д	re all subordir	nates
						cluded?	
I Tax	r-exem	pt status	501(c)(3) 501(c)(6) ◀(ıı	nsert no) 4947(a)(1) or 527	_ If	"No," attach	a list (see instructions)
J W	ebsite	:► WW	/W CAIONLINE ORG		H(c) G	roup exempti	on number ►
K Forn	n of org	anızatıon	Corporation Trust Association	Other ►	L Year o	of formation 197	73 M State of legal domicile DC
	rt I		mary				
Activities & Governance	3 N 4 N 5 T	Number Number Total nu	of voting members of the governi of independent voting members o mber of individuals employed in c	continued its operations or disposeding body (Part VI, line 1a) f the governing body (Part VI, line 1b) alendar year 2014 (Part V, line 2a))	· · . · · .	net assets 3
				ort VIII, column (C), line 12			7a 450,141
	/u :			inc viii, column (c), mic iz .			74 +50,1+1
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	b N	let unre	lated business taxable income fro	om Form 990-T, line 34		 Prior Year	7b 1,328
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Firm's name FTATE AND TRYON

Firm's address ► 2021 L STREET NW SUITE 400

WASHINGTON, DC 20036

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

Preparer

Use Only

Firm's EIN 🟲 52-1855942

Phone no (202) 293-2200

✓ Yes No

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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3	Yes	
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 "Yes," complete Schedule C, Part II</i>	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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
14a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	厂_
4_	Fatautha numban nanatadan Ban 2 af Fama 1006 Fatan 0 af nataunihan his		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 46 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4 a	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	Yes	
J	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	1		
	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		
C	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? 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 in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O	contains a resi	nonce or note t	o any li	ing in this B	art VI						V
Check ii Schedule O	Contains a resi	י שנווטע שבווטע	o ally II	1116 III (1115 F	aitvi						., .

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a			Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization in the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

- 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 made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ASSOCIATION

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

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

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

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

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

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

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

								,	•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	confected Highest compensated	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAVID I CAPLAN CMCA AMS	2 00	x		Х				0	0	0
PRESIDENT	0 00									
(2) KELLY G RICHARDSON ESQ	2 00	l x		×				0	0	0
PRESIDENT - ELECT	0 00									
(3) JULIE MCGHEE HOWARD ESQ	2 00	l x		×				0	0	0
IMMEDIATE PAST PRES (AS OF 1/1/15)	0 00									
(4) DENNIS C ABBOTT CMCA AMS	2 00	l x		×				0	0	0
IMMEDIATE PAST PRES (9/14-12/14)	0 00								0	
(5) PAMELA D BAILEY CMCA AMS	2 00	l x						0	0	0
TRUSTEE (THRU 1/15)	0 00	_ ^						0	0	
(6) ELBERT BOOTHBY CMCA AMS PCAM	2 00	x						0	0	0
TRUSTEE	0 00	_ ^						0	0	
(7) BRENDAN P BUNN ESQ	2 00							0	0	0
TRUSTEE	0 00	X						U	0	0
(8) URSULA K BURGESS ESQ	2 00							0	0	0
TRUSTEE	0 00	X						U	0	0
(9) JOHN CONNORS	2 00									
TRUSTEE	0 00	X						0	0	0
(10) JULIE HARDY CRAMER	2 00							_	_	_
TRUSTEE	0 00	X						0	0	0
(11) VANESSA DREYER PCAM	2 00							_	_	_
TRUSTEE	0 00	X						0	0	0
(12) JAMES H DODSON IV CMCA AMS	2 00									
TRUSTEE	0 00	X						0	0	0
(13) JEFFREY VAN GRACK ESQ	2 00	,,						_	_	_
TRUSTEE (THRU 8/14)	0 00	X						0	0	0
(14) BRUCE R GRAN CMCA AMS PCAM	2 00	V						0	,	
TRUSTEE	0 00	Х						U	0	0
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec c, unle n offic rustee	ess er	(D) Reportable compensatio from the organization	from rela organizat	ation ited ions	(F Estim amount o compen from	ated of other sation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	- (W- 2/10 MISC		organiz	ated
(15) JOHN HAMMERSMITH CMCA AMS	2 00	x							0	0		0
TRUSTEE	0 00											
(16) JAMES P MAGID CMCA LSM PCAM	2 00	x							o	0		0
TRUSTEE	0 00											
(17) ROBERT ROTHWELL	2 00	х							o	0		0
TRUSTEE (THRU 1/15) (18) GREGORY G SMITH CMCA AMS	0 00 2 00											
		х							О	0		0
TRUSTEE (19) JOSEPH P WALDRON AMS PCAM	0 00 2 00			_								
		х							o	0		0
TRUSTEE (20) THOMAS M SKIBA	0 00 34 50											
				х				321,	555	0		35,158
CHIEF EXECUTIVE OFFICER (21) BRUCE TOWNSWEND	0 00 31 50											
				х				115,	709	0		17,146
CHIEF FINANCIAL OFFICER (22) MARC INGRAM	0 00 37 50			_								
						х		116,	563	0		11,330
DIRECTOR, ADVERTISING & EXHIBIT SALES (23) FRANK RATHBUN	0 00 35 60											
						х		119,	065	0		10,420
VP, COMMUNICATIONS & MARKETING (24) META TSHILOMBO	0 00 35 30											
						х		110,	231	0		22,132
SR DIRECTOR, IT (25) CRYSTAL WALLACE	0 00 37 50											
. ,						х		108,	796	0		17,824
VP, MEMBERSHIP & CHAPTER RELATIONS	0 00					<u> </u> ≽-						
1b Sub-Total			•	•								
c Total from continuation sheets to Part	-			•		[-		001.010		0		114.010
d Total (add lines 1b and 1c)								891,919				114,010
Total number of individuals (including b \$100,000 of reportable compensation				ed at	oove	e) who	rec	eived more tha	an			
											Yes	No
3 Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, key	/ em	ploy •	yee, o	r hig	ghest compens	ated employee	3		N o
For any individual listed on line 1a, is the organization and related organizations of individual										4	Yes	
5 Did any person listed on line 1a receive	or accrue com	pensat	ion fi	rom	anv	unrel	ater	d organization (or individual for		1	
services rendered to the organization?										5		No
Costion D. Indonesia Control												
Section B. Independent Contractor 1 Complete this table for your five highes		ındəna	nder	t cc	ntro	ctorc	tha	t received mar	e than \$100 0			
E Complete this table for your rive ilighes	ccompensated	maepe	nuell		iiild	CLUIS	uid	rieceived 11101	c man aron'n	0001		

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIATECH PUBLISHING SOLUTIONS 5200 PHILADELPHIA WAY L LANHAM, MD 20706	COURSE PRINTING	317,180
INVENIO PARTNERS CORP 2201 DONLEY DRIVE SUITE 200 AUSTIN, TX 78758	WEBSITE DEVELOPMENT	215,344
RR DONNELLEY 1341 G STREET NW 3RD FLOOR WASHINGTON, DC 20005	PUBLICATIONS PRINTING	193,418
SMITH & HARROFF INC 300 NORTH WASHINGTON STREET STE 40 ALEXANDRIA, VA 22314	LEGAL SERVICES	109,578
Total number of independent contractors (including but not limited to the	and leated above \ who were word make them	

Contributions, Gifts, Grants and Other Similar Amounts	1a c d e f
Program Service Revenue C	26 th co
enne	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other Rev	10a
	11a
	12

Part V	/##1	Statement o						
		Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>σ 2</u>	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies 1b					
بة ق	С	Fundraising ev	ents 1c					
Gifts, iilar A	d	Related organiz	zations 1d					
a G	e	Government grant	s (contributions) 1e					
Contributions, and Other Sim	l f	All other contribute	ons, gifts, grants, and 1f	31,563				
uti her	'	sımılar amounts no	ot included above					
Ę ŏ	g	Noncash contributi 1a-1f \$	ons included in lines					
Cor	h	Total. Add line:	s 1 a - 1 f	🗼	31,563			
				Business Code				
Program Serwoe Revenue	2a	MEMBERSHIP DUE	S	900099	5,915,739	5,915,739		
Fe Y	b	EDUC COURSES/\	WEBINARS	611600	2,293,789	2,240,822		52,967
15.6	С	CONFS/SEMINARS	/WRKSHPS	900099	2,134,633	1,526,908		607,725
Ser.	d	DESIGNATION PRO	GM FEES	611430	691,534	691,534		
Ē	е	AFFILIATES MGMT	FEES	561000	669,100	669,100		
00 111	f	All other progra	am service revenue		478,641	28,500	450,141	
<u>~</u>	g	Total. Add lines	s 2a-2f		12,183,436			
	3		ome (including dividen ar amounts)		262,267			262,267
	4		stment of tax-exempt bond					
	5	Royalties .		🕨	238,337			238,337
			(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	116,236					
	b	Less cost or other basis and	121,651					
	c	sales expenses Gaın or (loss)	-5,415					
	d	Net gain or (los	ss)		-5,415			-5,415
en e	8a	Gross income fevents (not inc						
Other Revenue			s reported on line 1c) ne 18					
÷.	ь	Less direct ex	penses b					
5	С	Net income or	(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		224,335				
	ь	Less costofa	oods sold b	216,453				
	С		(loss) from sales of ınv		7,882	7,882		
		Miscellaneou		Business Code				
	11a	MISCELLANEC	ous	900099	4,051			4,051
	b							
	ر د ا	Λ II othor rows						
	d e		ue s 11a-11d	▶				
	12				4,051			
	12	iocai revenue.	See Instructions .	🕨	12,722,121	11,080,485	450,141	1,159,932

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21									
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,052								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	888,975								
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	3,404,058								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,209								
9	Other employee benefits	244,224								
10	Payroll taxes	298,707								
11	Fees for services (non-employees)									
а	Management									
b	Legal	29,966								
C	Accounting	24,450								
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	320,829								
12	Advertising and promotion	18,112								
13	Office expenses	747,086								
14	Information technology	262,566								
15	Royalties									
16	Occupancy	406,930								
17	Travel	371,249								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,932,027								
20	Interest	1,936								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	356,515								
23	Insurance	24,677								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
а	CHAPTER REBATES	2,057,287								
b	PUBLICATION COSTS	364,060								
С	COMMISSIONS	202,526								
d	EDU COURSE DVLPMT COSTS	79,995								
e	All other expenses	173,145								
25	Total functional expenses. Add lines 1 through 24e	12,323,581								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

га	T X	Check if Schedule O contains a response or note to any line in t	this Par	tx			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,022,582	1	1,125,277
	2	Savings and temporary cash investments		•	419,602	2	341,687
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			53,934	4	44,976
ts	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	s, trustees, key		5		
	6	Loans and other receivables from other disqualified persons (at $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elorganizations (see instructions) Complete Part II of Schedule		6			
8	7	Notes and loans receivable, net				7	_
Assets	8	Inventories for sale or use		112,729	-	124,171	
	9	Prepaid expenses and deferred charges			127,851	9	180,724
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	2,298,689			
	ь	Less accumulated depreciation	10b	1,379,455	977,186	10c	919,234
	11	Investments—publicly traded securities		4,852,873	11	5,519,340	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			200,493	14	176,422
	15	Other assets See Part IV, line 11			134,708		151,846
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			7,901,958		8,583,677
	17	Accounts payable and accrued expenses			791,750		1,194,798
	18	Grants payable				18	.,,
	19	Deferred revenue			3,627,424		3,753,746
	20	Tax-exempt bond liabilities			3,32,7,12,7	20	5,100,110
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualit	ors, trus			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	-
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	ted thire	d parties,			
		D			1,139,483	25	1,065,716
	26	Total liabilities. Add lines 17 through 25			5,558,657	26	6,014,260
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▽ and o	complete			
an	27	Unrestricted net assets			2,343,301	27	2,569,417
<u>е</u>	28	Temporarily restricted net assets		28			
귤	29	Permanently restricted net assets		•		29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he	ere ► 「	and			
9		complete lines 30 through 34.				ایا	
	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 f				32	
Š	33	Total net assets or fund balances			2,343,301	33	2,569,417
	34	Total liabilities and net assets/fund balances		•	7,901,958	34	8,583,677

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,7	722,121
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,3	323,581
3	Revenue less expenses Subtract line 2 from line 1	3			398,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			343,301
5	Net unrealized gains (losses) on investments	5			168,299
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			-4,125
9	9 Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,5	569,417
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493132006446

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

INSTITUTE PAC (CAI-PAC)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** COMMUNITY ASSOCIATIONS INSTITUTE Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (b) Address (a) Name (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-(1) COMMUNITY ASSOCIATIONS 6402 ARLINGTON BLVD STE 500 5,000 ÌNSTITUTE PAC (CAI VA PAC) FALLS CHURCH, VA 22042 (2) COMMUNITY ASSOCIATIONS

6402 ARLINGTON BLVD STE 500

FALLS CHURCH, VA 22042

1,300

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).	(a	1)	(b)	
For e activ	rach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	Amou	
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?				
e	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? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
h :	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ı			
2u b	If "Yes," enter the amount of any tax incurred under section 4912				
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?	1			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5). c	r sectio	
	501(c)(6).	(-)	, (-), -		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 Yes	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		5,9	15,739
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			38,078
Ь	Carryover from last year	2b			99,28
c	Total	2c			51,20
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3		1,00	05,670
4	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		-1,86	56,879
Pa	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group see instructions), and Part II-B, line 1 Also, complete this part for any additional information	o list),	Part II	-A, lines	1 and
	Return Reference Explanation				
PAR	T I-A, LINE 1 CAI PARTICIPATES INDIRECTLY IN POLITICAL CAMPAIGN ACTIVI	ITIFS	THROU	JGH JTS	
	FEDERAL AND STATE PAC'S				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493132006446

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** COMMUNITY ASSOCIATIONS INSTITUTE 23-7392984 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation 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 education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic 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 year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 (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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	TITLE Organizations Maintaining Col	llections of Art,	, His	tori	cal T	<u>reasu</u>	<u>ires, or O</u>	<u>the</u>	<u>r Similar A</u>	sset	t s (co.	<u>ntınued)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	ieck	any of	the foll	owing that a	are a	significant us	se of i	ts	
а	Public exhibition		d	Γ	Loan	or excl	hange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	ın hov	v the	y furth	er the c	organızatıon	's ex	empt purpose	e in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t	o be maintained as	part o	f the	organ	ızatıon'	's collection	۱?		Г		┌ No
Par	Part IV, line 9, or reported an am						n answere	d "Y	es" to Form	990,	•	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribi	utions o	or other ass	ets ı	not	Гγ	es (┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able		_					
									P	mou	nt	
С	Beginning balance							1 c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1 f				
2a b	Did the organization include an amount on Fo									ΓY		Г № Г
	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete i										•	<u>'</u>
ΓŒ	Endowment Funds. Complete	(a)Current year		Prior					Three years back		Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colun	nn (a)) l	held as					
a	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ation t	that	are hel	d and a	dministere	d for	the			
	organization by								_	[Yes	No
	(i) unrelated organizations			•				•		a(i)		
b	(ii) related organizations							•		a(ii) 3b		
4	Describe in Part XIII the intended uses of th	<u>=</u>						•		3 0		
	t VI Land, Buildings, and Equipme	nt. Complete if t				n ansv	wered 'Yes	' to	Form 990, I	Part I	V, Iır	ne
	11a. See Form 990, Part X, line 1	.0.		1 ,-	\		1 (1-) (1-)		T (-) A		(4) D-	-1
	Description of property) Cost o	r other stment)	(b)Cost or obasis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1a	Land											
	Buildings		•									
	Leasehold improvements		•				71	4,142	286	5,739		427,403
	Equipment		•					2,042		3,579		83,463
	O ther						1,35	2,505	944	,137		408,368
- Cata					5 ·	407 11			▶			919,234

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of v	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	Complete if the organizatio	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of v	aluation
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organizati		0, Part IV, line 11d See	
(a) Desc	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		to Form 000 Dart IV	mo 110 on 115 C
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	janization answered 'Yes' (to Form 990, Part IV,	ille 11e or 11t. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DUE TO AFFILIATED ORGANIZATIONS	10,492		
DUE TO CAI CHAPTERS/COMMITTEES	227,835		
DEFERRED RENT LIABILITY	827,389		
	1		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1 ,065,716		
2 Liability for uncertain tay positions. In Part VIII. provi		 	

Par		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line :		nts With Re	venue p	er R	eturn Complete if
1	<u>-</u>	r support per audited financial statements				1	12,776,575
2	A mounts included on line 1 but	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) o	on investments	2a	-	168,299		
b	Donated services and use of fa	icilities	2b				
C	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)		2d		6,300		
e	Add lines 2a through 2d .					2e	-161,999
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	12,938,574
4	Amounts included on Form 990	D, Part VIII, line 12, but not on line 1					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b	_	216,453		
C	Add lines 4a and 4b					4 c	-216,453
5		4c. (This must equal Form 990, Part I, line				5	12,722,121
Part		openses per Audited Financial St Swered 'Yes' to Form 990, Part IV, line			xpenses	per	Return. Complete
1		audited financial statements				1	12,540,034
2		not on Form 990, Part IX, line 25					, ,
а		cilities	2a				
b	Prior year adjustments		2b				
C	Other losses		2c				
d	Other (Describe in Part XIII)		2d		216,453		
e	Add lines 2a through 2d					2e	216,453
3	Subtract line $2e$ from line 1 .					3	12,323,581
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b					4 c	0
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, lir	ne 18)			5	12,323,581
Part	XIII Supplemental Info	ormation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Return Reference	Explanation					
	XI, LINE 2D - OTHER STMENTS	PAC CONTRIBUTION REVENUE 6,300					
	XI, LINE 4B - OTHER STMENTS	COST OF GOODS SOLD -216,453					
	XII, LINE 2D - OTHER STMENTS	COST OF GOODS SOLD 216,453					

Jenedale 2 (1 31111 33 3) 23 13		1 age 3				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
l						
-						

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493132006446 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization COMMUNITY ASSOCIATIONS INSTITUTE 23-7392984 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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

(a)Type of grant or 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 assistance
(1) BOARD EDUCATION SCHOLARSHIPS	4	5,052			

Part IV	Supplemental Inform	nation. Provide	the information red	juired in Part I,	, line 2, P	Part III, c	column (b),	and any	other additional information.	

Return Reference

Explanation

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DLN: 93493132006446

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

23-7392984

Par	rt I Questions Regarding Compen	sation				
					Yes	No
1a			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	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 paymen	nts $ extstyle ag{}$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b			ion follow a written policy regarding payment or i above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation pr directors, trustees, officers, including the CE		sing or allowing expenses incurred by all Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filir organization's CEO/Executive Director Chec used by a related organization to establish co	k all that apply				
	Compensation committee	▼	Written employment contract			
	☐ Independent compensation consultant	<u> - </u>	Compensation survey or study			
	Form 990 of other organizations	F	Approval by the board or compensation committee			
	During the year, did any person listed in Form or a related organization	n 990, Part VII	I , Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-	control paymen	nt?	4a		No
b	Participate in, or receive payment from, a sup	oplemental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an ed	quity-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons	and provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations mi	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Secompensation contingent on the revenues of	ction A , line 1a				
а	The organization?			5a		
	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Secompensation contingent on the net earnings		, 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, Sec payments not described in lines 5 and 6? If "			7		
8	Were any amounts reported in Form 990, Par	t VII, paıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III			8		
	If "Yes" to line 8, did the organization also fo section 53 4958-6(c)?	llow the rebutt	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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable	(E) Total of columns (B)(1)-(D)	(F) Compensation in	
		(i) Base (ii) bolius & (iii) otilei		benefits		column(B) reported as deferred in prior Form 990			
	(i) (ii)	264,352 0	47,823 0	9,380	11,407 0	24,684	357,646 0	0	

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization COMMUNITY ASSOCIATIONS INSTITUTE	Employer identification number
	23-7392984

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS WERE AMENDED IN AUGUST 2014 TO INCLUDE THE IMMEDIATE PAST PRESIDENT AS A MEMBER OF THE BOARD OF TRUSTEES

PART VI, OTHER ENTITIES THAT SUBSCRIBE TO AND SUPPORT THE PURPOSE AND OBJECTIVES OF CAI, ARE INTERESTED IN CAI'S SECTION A, ACTIVITIES, AND MEET THE REQUIREMENTS FOR ONE OF THE CLASSES OF MEMBERS IN CAI CAI HAS FOUR CLASSES OF	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	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 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 COMMUNITY ASSOCIATION MANAGEMENT COMPANIES" CONSISTS OF COMMUNITY ASSOCIATION 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

PART VI, SECTION A, 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	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	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 COMMITTEE" CONSISTS OF SIX MEMBERS FROM THE 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

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 DAYS 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 ARE 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 LAWS REQUIRE THE AFFIRMATIVE VOTE OF THE AGGREGATE MAJORITY OF THE MEMBERS OF ALL MEMBERSHIP REPRESENTATION GROUPS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CHIEF FINANCIAL OFFICER AND THE DIRECTOR OF ACCOUNTING REVIEW THE FORM 990 AND ALSO HAVE THE PROGRAM AREA HEADS UPDATE APPLICABLE SECTIONS AND DESCRIPTIONS AS NEEDED THE BOARD REVIEWS A FULL COPY OF THE RETURN PRIOR TO FILING

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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

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

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

DLN: 93493132006446

2014

Open to Public Inspection

Name of the organization COMMUNITY ASSOCIATIONS INSTITUTE Employer identification number

23-7392984

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	512(b) ntrolled
						Yes	No
1-7	POLITICAL ACTION COMMITTEE	VA	527				No
	POLITICAL ACTION COMMITTEE	VA	527				No
,							

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership
				,						

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Forn	n 990, Part IV, line	e 34, 35b, or 36.	1 4	ge J
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)			1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			1 q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolved	ĺ

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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