# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury, Internal Revenue Service)	· · · · · · · · · · · · · · · · · · ·	numbers on this form as it may be made public.
		90 for instructions and the latest information.
A For the 2017 calendar ve	ar, or tax year beginning	. 2017. and ending

Inte		nue Service)	<del>, ^1</del>	www.irs.gov/r-orm990 for insu	<del></del>				inspection
<u>A</u>	For the	2017 cale	endar year, or tax year	beginning	, 2017, a	nd endi	ng		, 20
В	Check if	applicable.	C Name of organization	lashington Metropolitan Chapter Co	mmunity Associa	ations In	stitute, Inc.	D Employ	er identification number
	Address	change	Doing business as					52-1	074939
	Name c	hange	Number and street (or	P.O. box if mail is not delivered to stre	et address)	Room/s	aite	E Telepho	ne number
	Initial re	-	7600 Leesbur	g Pikė		100 1	West	(703	750-3644
$\overline{\Box}$		m/terminated	<u> </u>	rovince, country, and ZIP or foreign po	ostal code			<u> </u>	· · · · · · · · · · · · · · · · · · ·
一		d return	Falls Church					G Gross n	eceipts \$ 1,436,092.
			F Name and address of p		·		M/m) In this o		subordinates? Yes No
ט	Applicat	ion penuing		600 Leesburg Pike Suite 100,	Palla Church	us en			
_	_								s included? [] Yes [] NO
<u> </u>		mpt status:	501(c)(3)	<b>★</b> 501(c) ( 6) <b>◄</b> (Insert no )		□ <u>\$27</u>	<del>11</del> // /		•
7	Website		www.caidc.org					exemption	
			:X Corporation Trust	Association  Other ►	L Yes	r of forma	tion: 19/	/ M State	of legal domicile: DC
-	art I	Summ			<b></b>				
	1			tion's mission or most significa					optimize the operations of
တာမ္တ	1	Commun	nity Association	ons and foster value	for our	Busin	ess Part	ners.	
~₽	2	Check th	nis box ▶ 🔲 if the orç	ganization discontinued its ope	erations or dis	sposed	of more that	1 25% of	its net assets.
	3	Number	of voting members of	of the governing body (Part VI,	line 1a)			. 3	14
	4	Number	of independent votin	g members of the governing I	oody (Part VI,	line 1b)		. 4	14
₩ ₩	5		•	mployed in calendar year 201		-		5	9
≥₹	6							6	615
7	7a			enue from Part VIII, column (C)				7a	174,581.
₩`	Ь			le income from Form 990-T. I		• • •		7b	0.
SCANNED MAR 1 1 2019	+ -	14CC CITIO	iated business taxac	RECIEVE		<del>i i</del>	Prior Y		Current Year
<b>Z</b>	8	Contribu	itions and grants (Pa			ŀ		4,121.	462,619.
<b>3</b> §		_			က္က	· · · }			
	9	Program	service revenue (Pa	column (A) lines 3, 4, and 76	18:  Ö  :			9,696.	797,060.
é	טו					}		1,229.	1,832.
-	11			mn (A), lines-5,-6d,-8c,-9c,-10c		· . <u></u> }		2,493.	174,581.
	12			ough 11 (must@qualBart VIII,		ne 12)	1,42	7,539.	1,436,092.
	13			oald (Part IX, column (A), lines		$\cdot \cdot \downarrow$	<u> </u>		
	14		•	ers (Part IX, column (A), line 4)		\			
8	.15	•	-	employee benefits (Part IX, colu			48	4,469.	444,832.
Expenses	16a	Profession	onal fundraising fees	(Part IX, column (A), line 11e)		[			
8	Ь	Total fun	idraising expenses (F	Part IX, column (D), line 25)			All states	\$ Com	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ű	17	Other ex	penses (Part IX, colu	mn (A), lines 11a-11d, 11f-24	e)		98	0,805.	997,988.
	18	Total exp	penses. Add lines 13	-17 (must equal Part IX, colun	nn (A), line 25	) .[	1,46	5,274.	1,442,820.
	19	Revenue	less expenses. Sub	tract line 18 from line 12		· . [	-3	7,735.	-6,728.
==	3						Beginning of C	urrent Year	End of Year
ets or	20	Total ass	sets (Part X, line 16)			1	79	4,441.	906,277.
Net Asset Fund Rater	21		pilities (Part X, line 26	<b>)</b>		`		8,309.	647,111.
<b>5</b>	22			Subtract line 21 from line 20		· · · ·		6,132.	259,166.
	art II		ture Block	Odditact line 21 from line 20	<del></del>	<del> )</del>		0,132.	205/100.
_								ha haat at -	
tru	ie. correc	t, and compl	ary, i declare that i have ex dete. Declaration of prepar	amined this return, including accompa er (other than officer) is based on all in	formation of which	h prepare	r has any know	ledge.	ily Midwiedge and Delief, it is
	-	11	HAM 1 DOM	AR A OLA A		<del></del>	<del></del> -	TITLE	100
Sig	an.	Y Y	nature of officer	MONGOOT			D;	cutter	H-0-
	-	]: 🔾					D.	110	
He	ere			Executive Director	<del></del>			•	
		17	e or print name and title				<del></del>		
Pa	aid	Print/Ty	/pe preparer's name	Preparer's signature	. 4	1 .	ate	Check	
	epare	Corri	ie Scott	( aud a	忧		1/14/18	self-em	P01295891
	se On		name ► Hozik &	Company, P.L.C.			/ Fin	n's EIN ▶	
		Firm's a		e Avenue East Suite 3		a, VA	22180 Ph	one no. (7	03) 272-7109
Ma	y the If	RS discus	s this return with the	preparer shown above? (see	instructions)			<u> </u>	🔀 Yes 🗌 No
For	Papen	vork Redu	ction Act Notice, see	the separate instructions. BAA		RE	V 10/16/18 PRO		Form <b>990</b> (2017)

			•
Form 99			Page 2
Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	• • •	·
ı	Mission of the organization is optimize the operations of Community Associ	ations	
	Community Associations and foster value for our Business Partners.		
	Community Associations and Topics value for our Daymond factories		
2	Did the organization undertake any significant program services during the year which were not listed on the		-
	prior Form 990 or 990-EZ? `	☐ Yes	⊠ No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
		☐ Yes	⊠ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported		
	(Code) (Expenses \$) (Revenue \$)		)
	Provide educational information and seminars for managers of community		
	associations. There are approximately 3,200 members.		
		•••••	
4b	(Code ) (Expenses \$ including grants of \$) (Revenue \$		_)
		· • • • • • • • • • • • • • • • • • • •	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		_ )

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ►

REV 10/16/18 PRO Form 990 (2017)



Part	Checklist of Required Schedules			
	Is the average decaybed in casting 501/a)(0) by 4047(a)(1) (ather) them a private foundation)(2) if "Voo."	<u></u>	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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		×
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	×	
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		×
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		V
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
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? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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		×
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		×
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Part	Checklist of Required Schedules (continued)						
			Yes	No			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×			
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	<u> </u>	×			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		١			
04-		23		×			
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		×			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d					
	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	ł					
	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					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		×			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u>×</u> _			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			l			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete						
	Schedule L, Part IV	28b		×			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)						
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×			
30	conservation contributions? If "Yes," complete Schedule M	30		×			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,			<del>  ^</del>			
	Part I	31		×			
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		×			
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		×			
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ĺ			
	or IV, and Part V, line 1	34	×				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×			
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	335		- <u>^</u> -			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36					
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,						
	Part VI	37		×			
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	×				

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 13  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	}	t	,
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>.</u>		
	Statements, filed for the calendar year ending with or within the year covered by this return 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
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	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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?	- <u>-</u>		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>.</b>		
-	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ľ		
_	and services provided to the payor?	7a		
b	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		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del></del>		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	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			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 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			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46		,
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			1
D	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
h	If "Vos." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins		ions.
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	• •	•	X
Secu	on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14	]	,	
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?			
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	×	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
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	×	
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u>.</u>		, ,
а	The governing body?	8a	Χ_	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Diddle annual to the state of the state of the state of the state of	10a	Yes	No
10a 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?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ş	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	×
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy?	13		×
14 15	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	14	, <b>×</b>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, 	
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	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	10-		
1_	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	,	X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401-		
Sooti	organization's exempt status with respect to such arrangements?	16b		_
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Jaime Barnhart, 7600 Leesburg Pike, Falls Church, VA 22043 (703)750-3644	cords	▶	

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

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

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

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

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

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee
				•	C)					
(A)	(B)	(do n	ot ch		ition	e than o	ane.	(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any				_	or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	l agr	Former	the .	organizations	compensation
	related organizations	rect	nstitutional trustee	ĕ	mp	loye	e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	악함	nal		oloy	e Si		ľ		and related
	line)	ste	trus		ф	Pen:				organizations
	-	"	ee			Highest compensated employee			;	
								_		
(1) Sarah Gerstein	2.00			×						
President-Elect		×		^_				0.	0.	0.
(2) Matt Rankin	2.00	×		×				20.072	0.	7 060
Executivie Dir (1/1/17-3/26/17)	2 00	<u> </u>		Ĥ	-	<u> </u>		30,973.	0.	_7,962.
(3) Airielle Hansford	2.00	×	ŀ	×				0.	0.	0.
Treasurer	2.00	<u> </u>	-	<u> ``</u>	<del>                                     </del>			0.	- 0.	<del></del>
(4) Elizabeth Schultz Director	7 2.00	×						0.	0.	0.
(5) John Tsitos	2.00		┢				-	<u>.</u>		
Director	2.00	×						0.	0.	0.
(6) Dorothy Firsching	2.00									
Director	1	×						0.	0.	0.
(7) Thomas Burrell	2.00									
Director		×						0.	0.	0.
(8) Michael Gartner	2.00									
Secretary		×		×				0.	0.	0.
(9) Stephen Wright	2.00									
Director	<u> </u>	×						0.	0.	0.
(10) Ted Ross	2.00									
Director		×						0.	0.	0.
(11) Todd Sinkins	2.00								_	_
Director	ļ .	×	<u> </u>	_	_	_	<u> </u>	0.	0.	0.
(12) Jaime Barnhart	55.00									
Executive Dir (3/27/17-Present)	<del>  </del>	L		×	_		<u> </u>	84,366.	0.	7,560.
(13) Jeremy Tucker	2.00	×		×					_ [	_
Immed Past President	<del> </del>	-^-	-	<del> ^</del>	_		<u> </u>	0.	0.	0.
(14) Bruce Easmunt	2.00	×		×				0.	0.	^
President		L <u>^</u>		<u> </u>		L		<u> </u>	U	0.

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	continu	ıed)		
					•	C)								
	(A)	(B)	Position (do not check more than						(D)	(E)			(F)	
	Name and title	Average hours per	o Dox, arricos porderrio se						Reportable compensation	Reportab compensation			mated unt of	
		week (list any		1				<u> </u>	from	related		o	ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-N			ensation m the	i
		organizations	ecto	ution	4	mp	st c	4	(W-2/1099-MISC)		,	orgar	nization	
		below dotted line)	× 1	nal tı		loye	g						related izations	
		1	stee	uste		Ф	ens					o.gu.		
				ĕ	ļ.		ated							
(15) K	risten Melson	2.00	l											
	irector		×		ŀ				0.		0.			0.
(16) Ra	afael Martinez	2.00												
V:	ice President		×		×				0.		0.			0.
(17)														
						<u>_</u>								
(18)		ļ							]					
7.7.					<u> </u>			_						
(19)					İ									
(00)		ļ						<u> </u>						
(20)		ļ												
(21)				┢╌										
141)			ł											
(22)	<del></del>		-	$\vdash$										-
3==2														
(23)														
32														
(24)														
								L						
(25)														
1b	Sub-total							<b>&gt;</b>	115,339.		0.		15,5	22.
C	Total from continuation sheets to Part						•		115 222				1	
d								<u> </u>	115,339.		0.		15,5	22.
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w	ho received m	ore than \$1	00,000	) of		
	reportable compensation from the organi	zation											<b>v</b> [	<u> </u>
3	Did the organization list any former of	ficer direc	tor o	r tr	ueta	20	kev e	mn	lovee or high	est compe	nsated	, ┌─┤	Yes	No.
Ū	employee on line 1a? If "Yes," complete s							γιτιρ				3	— ·	×
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the			^
•	organization and related organizations	greater that	an \$1	50,	000	17 /1	f "Ye:	s,"	complete Sch	edule J fo	r such	,	٠	
	individual											4		×
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	ion					ation or inc	lividual	ı 🗔		
	for services rendered to the organization'	? If "Yes," c	ompl	ete	Sch	iedi	ıle J f	or s	auch person			5		X
Section	n B. Independent Contractors													
1	Complete this table for your five highest of													
	compensation from the organization. Repyear.	ort compe	nsatio	n fo	or th	ie c	alend	ar y	ear ending wit	h or within	the org	ganızatıc	n's ta	×
•	(A) (B) (C) Name and business address Description of services Compensation													
	Traine and business address — Description of services — Competitation													
2	Total number of independent contractor	rs (ıncludır	ng bu	t n	ot I	ımıt	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens									·				•

Par	VIII	Statement of Revenu							_
		Check if Schedule O co	ontains a	a resp	onse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns .		1a					
iran	b	Membership dues .	. [	1b	221,669.				
s, G	С	Fundraising events .	. [	1c					
ar.	d	Related organizations		1d					
ıs, (	е	Government grants (contrib		1e					
rtior er S	f	All other contributions, gifts,							
혈		and similar amounts not include	L	1f	240,950.				
Contributions, Grifts, Grants and Other Similar Amounts	g	Noncash contributions included	in lines 1a-1	1f \$	<u>0.</u>	462 612			
	h	Total. Add lines 1a-1f		<del>-                                    </del>	Business Code	462,619.			
Program Service Revenue	0-	Carfements and T	l	H		F02 456	502,456.	0.	0.
eve	2a	Conference and E Educational prog			561499 611430	502,456. 54,360.	54,360.	0.	0.
9	b c	Networking progr		-	611430	81,954.	81,954.	0.	0.
eī	ď	National commiss		⊨	561499	23,223.	23,223.	0.	0.
S	e	Other program re		-	561499	1,327.	1,327.	0.	0.
gra	f	All other program service			<u></u>	133,740.	133,740.	0.	0.
Po	g	Total. Add lines 2a-2f .		_	. ▶	797,060.			1
	3	Investment income (inc	cluding d	dıvıde	nds, interest,				
		and other similar amoun	nts) .		. ▶	1,082.	0.	0.	1,082.
	4	Income from investment of	f tax-exem	npt boi	nd proceeds ►			-	
	5	Royalties	<u> </u>		. ▶				
	_	<u> </u>	(i) Real		(ii) Personal				
	6a	Gross rents		$\rightarrow$					
	b	Less: rental expenses							
	c d	Rental income or (loss)  Net rental income or (los	ec)						
	7a	Gross amount from sales of	(i) Secuntie	s	(ii) Other				
		assets other than inventory	··-		750.				
	ь	Less cost or other basis			,,,,,,				
		and sales expenses .			0.				
	С	Gain or (loss) .			750.				
	d	Net gain or (loss) .			🕨	750.	0.	0.	750.
venue	8a	events (not including \$		_				·	:
Other Reve		of contributions reported See Part IV, line 18	on line 1c	). a					
₹		Less. direct expenses				<del></del>			
		Net income or (loss) from			events				<del></del>
	9a	Gross income from gami See Part IV, line 19	ing activiti						
	h	Less. direct expenses .		b		{			`
		Net income or (loss) from			ities ►				
		Gross sales of inve							
		returns and allowances		a					ľ
	b	Less. cost of goods sold	. b	ь					
	С	Net income or (loss) from		fınvei	ntory 🕨				
		Miscellaneous Reve	enue		Business Code				
	11a	Magazıne revenue	: - <del></del>		511120	174,581.	0.	174,581.	0.
	b								
	С		<del></del>	}					
	d	All other revenue .		L		154 503			
	e	Total revenue Securet				174,581.	797,060.	174,581.	1,832.
	12	Total revenue. See insti	IUCIOUS		· · ·	1,436,092.	131,000.	T/4,001.	

## Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX	<u>.</u> .	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21 .				v
2	Grants and other assistance to domestic individuals. See Part IV, line 22			-	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	130,862.		1	
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	260,209.			
9	Other employee benefits	21,747.			
10	Payroll taxes	32,014.		·	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	71,915.	-	_	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	00.450			
40	- '	92,458.			
12 13	Advertising and promotion  Office expenses	34,366.			
14		2,697.	·		
15	Royalties	2,051.	· · · · · · · · · · · · · · · · · · ·		
16	Occupancy	89,953.			
17	Travel	1,912.			
18	Payments of travel or entertainment expenses	2,722.			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	404,892.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,315.			
23	Insurance	6,257.			· <del>_</del> .
24	Other expenses, Itemize expenses not covered	1		-	
	above (List miscellaneous expenses in line 24e. If		,	1	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		· 		
а	Publications expense	118,215.			
b	Communication	12,919.			
С	Repairs and leasing	16,271.			
d	Signage	455.			
е	All other expenses	115,363.			
25	Total functional expenses. Add lines 1 through 24e	1,442,820.	<del></del> .		
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)		•		

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest-bearing 279,553 156,644. 2 Savings and temporary cash investments 356,836. 2 313,939. 3 3 Pledges and grants receivable, net 4 32,043. 86,131. Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . 5 . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 7 Notes and loans receivable, net . Inventories for sale or use . . 8 Я 91,039. 9 79,553. 9 Prepaid expenses and deferred charges Land, buildings, and equipment, cost or 10a other basis. Complete Part VI of Schedule D 10a 385.994. 10b 115,984. 34,970. 10c 270,010. Less accumulated depreciation . 11 11 Investments-publicly traded securities 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV, line 11 . . . 16 794,441. 906,277. Total assets. Add lines 1 through 15 (must equal line 34) 16 16,240. 17 67,230. 17 Accounts payable and accrued expenses 18 18 Grants payable . . . . . . 19 447,095. 554,181. 19 Deferred revenue 20 20 Tax-exempt bond liabilities . . . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . 34,974 25,700. 498,309. 26 647,111. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 258,666. 296,132 27 Unrestricted net assets 28 Temporarily restricted net assets 28 500. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds . 296,132. 33 259,166. 33 Total liabilities and net assets/fund balances . . . 794,441. 34 906,277.

Page	1	2	

٠,,,,					-9
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	436,	092.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	442,	<u>820.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-6,	728.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		296,	132.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-30,	238.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		259,	166.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u>.                                     </u>
	•			Yes	No
1	Accounting method used to prepare the Form 990		_  ,	•	1 1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın ,		ì
	Schedule O.			_	لحظ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled	or		<u>'</u> 1
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				لــــــا.
b	Were the organization's financial statements audited by an independent accountant? .		. 2t	) X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а		[ ]
	separate basis, consolidated basis, or both.			,	,
	Separate basis Consolidated basis Both consolidated and separate basis			_	لـــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account			<u>:                                    </u>	× .
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın		l' [
	Schedule O				l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	I .		
	the Single Audit Act and OMB Circular A-133?		_3a	Ч	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u></u>
			E.	nrm 990	1 (2017)

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

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

• 36	ection 50 r(c)(5) organizations	s that have NOT filed Form 5700 (elect	non under section 301(	(ii) Complet	e raitii-b bui	iot complete Fart	11-75.
	organization answered "Ye see separate instructions),	s," on Form 990, Part IV, line 5 (Pro then	xy Tax) (see separate	instruction	s) or Form 990	-EZ, Part V, line	35c (Proxy
• Se	ection 501(c)(4), (5), or (6) org	ganizations <sup>.</sup> Complete Part III					
Name o	of organization		<u> </u>		Employer ider	ntification numbe	r
Wash		Chapter Community Associ			52-10749		
Part	I-A Complete if the	ne organization is exempt un	der section 501(c	) or is a s	ection 527 o	organization.	
1	definition of "political ca	of the organization's direct and impaign activities")					
2	Political campaign activ	ity expenditures (see instructions)			▶ \$	3	
3	Volunteer hours for polit	ical campaign activities (see instr	uctions)		· · · ·		
Part	-B Complete if the	ne organization is exempt un	der section 501(c	:)(3).			
1		excise tax incurred by the organi				) 	
2		excise tax incurred by organization				} 	pang
3	If the organization incur	red a section 4955 tax, did it file F	orm 4720 for this ye	ar?			∐ No
4a		?				LYes	∐ No
b	If "Yes," describe in Par					7.76	
Part	<del></del>	ne organization is exempt un		-		(c)(3).	
1		tly expended by the filing organ					
2		e filing organization's funds contr tivities					
3		expenditures. Add lines 1 and					
4		n file Form 1120-POL for this yea				🔲 Yes	☐ No
5	Enter the names, address organization made paym the amount of political controls.	sees and employer identification in nonts. For each organization listed ontributions received that were produced the commitment of th	umbor (EIN) of all se I, enter the amount p romptly and directly	ection 527 p paid from the delivered to	political organi ne filing organi o a separate p	zations to which zation's funds. / olitical organizat	Also enter tion, such
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's ione, enter -0-	(e) Amount of p contributions reco promptly and of delivered to a s political organi If none, enter	eived and directly eparate zation
(1)							
(2)							
(3)							
(4)							
(5)							
(6)	,						

P	art II-A	Complete if the organizati section 501(h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
Ā	Check	► ☐ if the filing organization beloaddress, EIN, expenses, an	•	• , ,		lliated group memb	er's name,
В	Check	► ☐ if the filing organization che	cked box A and	"limited control" p	rovisions apply		
			bying Expendi			(a) Filing	(b) Affiliated
		(The term "expenditures" i	neans amount	s paid or incurred	.)	organization's totals	group totals
	1a Tota	al lobbying expenditures to influence	e public opinioi	n (grass roots lobb	ying)		
	<b>b</b> Tota	al lobbying expenditures to influence	e a legislative b	ody (direct lobbyin	ıg)		
	c Tota	al lobbying expenditures (add lines	1a and 1b) .				
	<b>d</b> Oth	er exempt purpose expenditures .					
	e Tota	al exempt purpose expenditures (a	dd lines 1c and	1d)			
		bying nontaxable amount. Enter imns.	the amount	from the followin	g table in both		
	If the	amount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amour	nt is:		
	Not o	over \$500,000	20% of the a	mount on line 1e			
	Over	\$500,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000.		
	Over	\$1,000,000 but not over \$1,500,000	\$175,000 plu	is 10% of the excess	over \$1,000,000.		
	Over	\$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess of	over \$1,500,000		
_		\$17,000,000	\$1,000,000.				
	•	ssroots nontaxable amount (enter 2	•				
		tract line 1g from line 1a. If zero or					
		tract line 1f from line 1c If zero or	•			[ 1700	
		nere is an amount other than zer					Yes No
	repo	orting section 4911 tax for this yea		<u> </u>		· · · · L	
	(Sc	ome organizations that made a s	ection 501(h) e	Period Under sed lection do not hav tructions for lines	e to complete all	of the five column	s below.
		Lobbyir	g Expenditure	s During 4-Year A	veraging Period		
	C	calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
- :	2a Lob	bying nontaxable amount					
		byıng ceiling amount 1% of line 2a, column (e))					
	<b>c</b> Tota	al lobbying expenditures					
	d Gras	ssroots nontaxable amount					
		ssroots ceiling amount 9% of line 2d, column (e))					
	f Gras	ssroots lobbying expenditures					
	BAA			REV 10/16/18 PRO		Schedule C (Form	990 or 990-EZ) 2017

For 6	(election under section 501(h)).  ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)		
	iption of the lobbying activity.	Yes	No	Aı	moun	t
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?			<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			ļ		
j	Total. Add lines 1c through 1i			<b></b>		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			<del></del>	···	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5). c	or se	ction		
	501(c)(6).	`,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	_			×	<u> </u>
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1		89,7	737.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	<b>2</b> a		71,9	15.
b	Carryover from last year	.	2b		38,7	
С	Total		2c		<u> 10,6</u>	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3_		15,2	<u> 255.</u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4		95,4	09.
5	Taxable amount of lobbying and political expenditures (see instructions)	·	5			0.
	Supplemental Information  e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	); Pai	t II-A, I	nes 1	and
			<b></b> -			
	······································					

Scriedule C (FO	MIII 990 01 990-EZ) 2017	raye
Part IV	Supplemental Information (continued)	
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public

Inspection Name of the organization Employer identification number Washington Metropolitan Chapter Community Associations Institute, Inc. 52-1074939 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on 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) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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 Tax Year 2a Total number of conservation easements . . 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 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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? . . . . ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. Part III Complete if the organization answered "Yes" on 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 b 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X  $\triangleright$ . . . . . 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. a Revenue included on Form 990, Part VIII, line 1 . **b** Assets included in Form 990, Part X

Page	2
· uyv	

Par	III Organizations Maintaining Co	llections of A	Art, Hist	orical 1	reasures, o	or Ot	her Similar A	sets (c	onti	nued)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and oth	ner recor	ds, chec	k any of the	follov	ving that are a s	significa	nt us	e of its
a	☐ Public exhibition		ď	Loan	or exchange	prog	rams			
b	☐ Scholarly research		e	☐ Othei	r					
c	☐ Preservation for future generations									
4	Provide a description of the organization XIII	's collections a	nd expla	ın how t	hey further th	e org	janization's exer	npt pur	oose	ın Pari
5	During the year, did the organization soli assets to be sold to raise funds rather that							_	res_	□ No
Par							_			
	Complete if the organization an 990, Part X, line 21.								n Fo	rm
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?			•					ſes	□ No
þ	If "Yes," explain the arrangement in Part >	KIII and comple	te the fo	lowing ta	able.	_				
						<u> </u>	·	mount		
Ç	Beginning balance		• •	•	•	10				
d	Additions during the year		• •	•	• •	1d	<del></del>			
e f	Distributions during the year Ending balance			•		1e				
2a	Did the organization include an amount of					_		2 🗆 🕦		□ No
	If "Yes," explain the arrangement in Part >									ቯ‴
Par		<u> </u>		,			<u> </u>		<u> </u>	
	Complete if the organization and	swered "Yes"	on For	n 990, F	Part IV, line	10.				
		a) Current year	(b) Pric		(c) Two years t		(d) Three years bac	(e) Fo	ur year	rs back
1a	Beginning of year balance									
þ	Contributions									
¢	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							<u> </u>		
2	Provide the estimated percentage of the o		d balance	e (line 1g	, column (a)) l	held a	as			
a	Board designated or quasi-endowment		<u></u> %							
þ		%								
¢	Temporarily restricted endowment ▶	%	00/							
32	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the po			ation the	nt are hold an	بط مط	ministered for th	•		
Ja	organization by	issession or the	Organiz	auon ma	it are neid an	iu aui	illillistered for ti	E	Yes	s No
	(i) unrelated organizations							3a(i)		, NO
	(ii) related organizations			•	•	•	•	3a(ii	_	+-
b	If "Yes" on line 3a(ii), are the related organ			ed on Sc	hedule B?	•	• •	3b	"—	+
4	Describe in Part XIII the intended uses of t									
Part					· -··		<del>_</del>			
	Complete if the organization and		on Forr	n 990, F	art IV, line 1	11a :	See Form 990,	Part X,	line	10.
	Description of property	(a) Cost or other	er basis	(b) Cost o	r other basis ther)	(c) A	Accumulated preciation	(d) Bo		
1a	Land									
b	Buildings									
¢	Leasehold improvements			2	15,188.		12,005.	2	03,	183.
d	Equipment			ţ	55,308.		47,037.		8,	271.
e	Other				15,498.		56,942.		58,	556.
Total.	Add lines 1a through 1e (Column (d) must	equal Form 990	0. Part X	column	(B), line 10c.	)	•	2	70,	010.

Part VII	Investments – Other Securities Complete if the organization ansi		m 990. Part IV. lir	ne 11b. See Form	990, Part X, line 12.
*	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				<u>.                                    </u>
(3) Other					
(A)				<del> </del>	
(B)					· · · · · · · · · · · · · · · · · · ·
(C)					
(D)				<del> </del>	
(E)					
(F) (G)					
(H)		· · · · · · · · · · · · · · · · · · ·		-	·
	b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments—Program Related				
	Complete if the organization answ		m 990, Part IV, lır	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation of-year market value
(1)					
(2)		_			
(3)					
(4)					
(5)					
(6)					·
<u>(7)</u>				<u> </u>	
_(8)				<u> </u>	
(9)	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.			<u>l=</u>	- rue ue
FaitiA	Complete if the organization answ	wered "Yes" on For	m 990. Part IV. lır	ne 11d. See Form	990. Part X. line 15
		) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)		<u> </u>			
(6)					
(7)		<u>.                                    </u>			
(8)					<del></del>
(9)	mn (b) must equal Form 990, Part X, co	ol (R) line 15 )		. >	
Part X	Other Liabilities.	DI. (D) IIII 10 )	· · · ·		<del> </del>
raitA	Complete if the organization answ	wered "Yes" on For	m 990. Part IV. Jir	ne 11e or 11f. See	Form 990. Part X.
	line 25.	100 011 01	000, 1 4.111,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes			•	
(2)Accrue	d compensation	25,7	00.		
(3)					
(4)					
(5)					
(6)					•
(7)					
(8)			'		-
(9)	Name of France (OO) Bod V and (B) Lander L	-			
	b) must equal Form 990, Part X, col (B) line 25)	25,7		nla financial statema	nte that raparts the
<ol><li>Liability for</li></ol>	uncertain tax positions In Part XIII, provi	ue ine iexi of the footh	ne to the organization	n s imanciai stateme	nto that reports the .

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			er Keturn	•
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		<del></del>
1	Total revenue, gains, and other support per audited financial statements	•	1	1,436,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_ ,	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,436,092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<u> </u>	
_	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Staten		5 Detu	1,436,092.
Part	Complete if the organization answered "Yes" on Form 990,		per netu	rn.
		Part IV, line 12a.	11	1 442 020
1	Total expenses and losses per audited financial statements	•	<del>- '  -</del>	1,442,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities	1001		
a		2a   2b	<b> </b> ≀	
b	Prior year adjustments	2c	¦:	
c d	OH (D. J. Inc D. A.VIII.)	2d	;	
	Add lines 2a through 2d	20		
3	Subtract line 2e from line 1		3	1,442,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	i i i		1,112,020.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII )	4b	_	
	Add lines 4a and 4b		4c	
C				
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	1,442,820.
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.			
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 and	d 4; Part IV, lines 1b and	2b, Part V,	, line 4; Part X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	d 4; Part IV, lines 1b and	2b, Part V,	, line 4; Part X, line
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5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part	d 4; Part IV, lines 1b and	2b, Part V,	, line 4; Part X, line
5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 and	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
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5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
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5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
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5 Part Provid 2; Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, Line 4b: LAC income	d 4; Part IV, lines 1b and to provide any additiona	2b, Part V, informatio	, line 4; Part X, line on
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Schedule D (For	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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		<del>-</del>

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

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Washington Metropolitan Chapter Community Associations Institute, Inc. 52-1074939
Pt VI, Line 6: Association has Members that pay dues for membership.
Pt VI, Line 7a: Members elect the Board of Directors.
Pt VI, Line 11b: The 990 is reviewed by Members of the Board of Directors prior
to signing the return.
Pt VI, Line 19: A request can be made to the corporate office for access to
the documents.
Pt VI, Line 4: Following the 2020 Annual election, the Board of Directors shall
be composed of eleven (11) Directors. No more than one person from any company
or association, at the time of election, may serve on the Board at any one time.
At the 2018 election of the Board of Directors, four Directors shall be elected,
thus reducing the size of the Board of Directors to fourteen (14) Directors.
At the 2019 election of the Board of Directors, four Directors shall be elected,
thus reducing the size of the Board of Directors to thirteen (13) Directors.
At the 2020 election of the Board of Directors, three Directors shall be elected,
thus reducing the size of the Board of Directors to eleven (11) Directors. If
a member, while serving on the Board, changes membership representation group,
and the maximum permissible number of persons from the member's "new" membership
representation group already serve on the Board, that member shall be deemed
to have resigned from the Board. If a sitting Board member changes positions
and joins the firm, association, company or organization of a member already
on the Board, one of those members shall be deemed to have resigned from the
Board.
Pt IX, Line 24e:
Description: Golf tournament
Total: \$21,990

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Washington Metropolitan Chapter Community Associations Institute, Inc.	52-1074939
Description: Annual dinner	
- 1 Acc ===	
Total: \$68,557	
Description, Pockuitment	
Description: Recruitment	
Total: \$1,700	
Description: Other	
Total: \$23,116	••••••
<u> </u>	
•	
	,
	-

#### SCHEDULE R (Form 990)

#### **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.

Open to Public Inspection

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 52-1074939

Washington Metropolitan Chapter Community Associations Institute, Inc

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

Name, address, and EIN (if applicable) of disregarded entity

Primary activity

Legal domicilia (state or foreign country)

(2)

(3)

(4)

(5)

(b)

Legal domicilia (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

(4)

(5)

(6)

(6)

(9)

(1)

(1)

(1)

(1)

(1)

(2)

(3)

(4)

(5)

(6)

(6)

| Or foreign country | (if section 501(c)(3)) | entity | Continuous |

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

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· Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year												34,	
(a) Name, address, and EIN of retated organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 – 514)	(f) Share of total income	(g) Share of end-of- year assets	Osprop	h) ortionale ibons?	(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing -1 partner?			
							Yes	No		Yes	No		
(1)													
(2)													
(3)													
(4)		-											
(5)													
(6)													
(7)												·	

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

(a) Name, address, and EIN of related organization	(b) 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	Section 5 contr ent	i) i12(b)(13) rolled ity?
								Yes	No
(1)									İ
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									<u> </u>

			· · · · · · · · · · · · · · · · · · ·				
Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Forr	m 990, Part IV, line 3	34, 35b, or 36.			
Note	e: 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	e or more related orga	nizations listed in Part	ts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ŭ			1a		×
b	Gift, grant, or capital contribution to related organization(s)				1b		×
С	Gift, grant, or capital contribution from related organization(s)				1c		×
d	Loans or loan guarantees to or for related organization(s)				1d		×
e	Loans or loan guarantees by related organization(s) .			4	1e		_X
1	Dividends from related organization(s)				1f	<del></del>	×
'n	Sale of assets to related organization(s)				1g		×
h	Purchase of assets from related organization(s)				1h		×
ï	Exchange of assets with related organization(s)				1i		×
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		×
•							. ]
k	Lease of facilities, equipment, or other assets from related organization(s)			•	1k		×
1	Performance of services or membership or fundraising solicitations for related organization(s	s)			11		×
m	Performance of services or membership or fundraising solicitations by related organization(s	)			1m	×	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		×
0	Shanng of paid employees with related organization(s)				10		×
					_		
р	Reimbursement paid to related organization(s) for expenses				1p		×
q	Reimbursement paid by related organization(s) for expenses .				1q		×
							$\perp$
г	Other transfer of cash or property to related organization(s)		•		1r		×
S	Other transfer of cash or property from related organization(s)				1s		×
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line, incl	luding covered relation	nships and transacti	on thr	eshol	ds
	(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determinin	g amou	nt invo	wed
(1) C	ommunity Associations Institute	М	187,871	FMV			
(2)							
(3)							
(4)							
(5)							
(6)							
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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(e) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are 80 501	e) partners tuon (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)			-												
(6)						:									
(7)	- 11 = 11 1														
(8)															
(9)															
(10)									_						
(11)															
(12)															
(13)															
(14)	-						<u>-</u>								
(15)			-												
(16)															

Schedule R (F	Schedule R (Form 990) 2017 Page 5								
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.								
•									
		•••••••••••••••••••••••••••••••••••••••							
		•••••••••••••••••••••••••••••••••••••••							
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