	qc	<b>90</b>	Return of Org	ganization E	xempt From I	Income Ta	ax	OMB No 1545-0047
Form			Under section 501(c), 527, or	4947/2)/1) of the Inte	ernal Pavanua Coda /a	voont private fo	undations)	2019
(Rev	January	/ 2020)						
		of the Treasury			on this form as it may tructions and the late		ian	Open to Public Inspection
			dar year, or tax year beginning		, 2019, and end		1410	, 20
		applicable	C Name of organization Washingto	-		<del></del>	D Employ	er identification number
			•	n metropolitan thapte	I COMMUNITY ASSOCIATION	is institute, inc	52-107	
=	Address	•	Doing business as  Number and street (or P O box	of mail is not delivered to	etroet address)	Room/suite	E Telephor	
=	Name ch Initial ret	_	7600 Leesburg Pik		street address)	100 W		750-3644
=		ırn/terminated	City or town, state or province, of		an nostal code	1 100 11	(1037.	30 3011
=	Amende		Falls Church, VA	•	gri postal code		G Gross re	ceipts \$1,768,530
=		ion pending	F Name and address of principal of			H(a) Is this a		ubordinates? Yes X N
	прриоди	ion pending	Jaime Barnhart, 7600 Leesb		. Falls Church. VA			
	Tax-exer	mpt status	501(c)(3) × 501(c) (	6) <b>◄</b> (insert no)				(see instructions)
			aidc.org				exemption nu	
			Corporation Trust Associ	ation ☐ Other ►	L Year of for	mation 197	7 M State of	legal domicile VA
	art I	Summa			•			
	1	Briefly des	cribe the organization's miss	sion or most signifi	cant activities. The mi	ssion of the organ	nization is op	timize the operations of
8			ty Associations and					
er.	2	Check this	box ▶ ☐ if the organization	discontinued its o	perations or dispose	ed of more tha	n 25% of it	s net assets
ဂ္ဂ	3		voting members of the gove				3	12
ž	4	Number of	independent voting membe	rs of the governing	body (Part VI, line 1	lb)	4	12
se	5	Total numb	per of individuals employed i	n calendar year 20	19 (Part V, line 2a)		5	8
Activities & Governance	6	Total numb	per of volunteers (estimate if	necessary) DF	CEIVED		6	615
۵	7a	Total uprol	atad business rayanus tram	Doct 1//11 - 00100007/	7 Luna		7a	226,525
	b	Net unrelat	ted business taxable income	from <b>For</b> m 990-T,	line 39 anan O		7b	0.
				1 1 1 1	7 2 2 2020 JSE	Prior Ye	ar	Current Year
ا ه	8	Contributio	ons and grants (Part VIII, line	1h) 🔟	<u> </u>	499	352.	535,323.
ᇎ	9	Program so	ervice revenue (Part VIII, line	2g) 0C	DEN IIT	88	7,916.	1,001,043.
Revenue	10	Investment	t ıncome (Part VIII, column (A	A), lines 3, 4, and 7		4	3,305.	4,349.
-	11	Other reve	nue (Part VIII, column (A), lın	es 5, 6d, 8c, 9c, 10	Oc, and 11e)	201	1,480.	227,815.
	12		ue-add lines 8 through 11 (i			1,592	2,053.	1,768,530.
	13		sımılar amounts paid (Part				.,530.	3,015.
	14	•	aid to or for members (Part I		•			
S	15		her compensation, employee	•		500	),554.	523,633.
xpenses	16a		al fundraising fees (Part IX, o	• •	•			
Š			aising expenses (Part IX, co					
ш	17	•	enses (Part IX, column (A), lir				395.	1,216,808.
	18	•	nses Add lines 13-17 (must	•	ımn (A), line 25) .		7,479.	1,743,456.
	19	Revenue le	ess expenses Subtract line	18 from line 12 .		+	,426.	25,074.
Fund Balances			· / · · · · · · · · · · · · · · · · · ·			Beginning of Cu	<del></del>	End of Year
3alai	20		ts (Part X, line 16)	•			),259.	1,058,337.
	21		ties (Part X, line 26) .				0,053.	782,057.
			or fund balances Subtract	line 21 from line,20	)	25:	,206.	276,280.
	rt II		re Block					
			, I declare that I have examined this e Declaration of preparer (other than					knowledge and belief, it
		1 1 1	111111111111111111111111111111111111111	4			11 1 1 1 2 1 2	106
٠i،	n	VV	V V CONTO CONTO	<i>A</i>			il well	<i>N</i> / <i>O</i>
Sig			ure of officer			Da	te	
le	re			<u>ive Director</u>				<u> </u>
		<u> </u>	r print name and title	Demonstration of the second	<del></del>	Data	T -	DTIN
Pai	id	1	preparer's name	Preparer's signature	South 1	Date 11/13/2020	Check	
Pre	pare	r ——	Scott	Corrie S	COLL	<del></del>		P01295891
	e Onl	V Firm's nan					n's EIN ►	
1 -	, sh = 15		dress > 374 Maple Ave 1			0 Pho	ne no (703	3) 272-7109
			this return with the preparer			<u> </u>		
or	Paperw	vork Reduct	ion Act Notice, see the separa	ate instructions. BA	A	REV 10/27/20 PRO		Form <b>990</b> (20 19

Form 99	0 (2019) Pa	ge <b>2</b>
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:	
	The mission of the organization is optimize the operations of	
	Community Associations and foster value for our Business Partners.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	—- Vo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported	l by ers
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Provide educational information and seminars for managers of community associations. There are approximately 3,400 members.	
4b	(Code·) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	Other program services (Describe on Schedule O.)	<del>-</del>
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶	<u> </u>



Part	V Checklist of Required Schedules		<del>/</del>	-
			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? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Î
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	×	
•	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 donor-restricted endowments or in 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, 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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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		×
12a	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		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		×
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		×
20a	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		×

Part	Checklist of Required Schedules (continued)			
_			Yes	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		×
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	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		
С	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		ļ
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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		×
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	×	
35a	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 related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Estable combanged to Day 2 of Farm 4000 Fatar 0 of saturable 1		Yes	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		J

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	ľ
	Ctaternortal, meaning and continue year arrangement of the continu	· ·		<u></u>
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 on 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).	<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		×
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		ļ
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			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	:		<u> </u>
	and services provided to the payor?	7a		<u> </u>
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			
е	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		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	r	
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		-
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: Initiation fees and capital contributions included on Part VIII, line 12			,
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders		1	
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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 . [12b]	,		
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?	13a		_
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		,	
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			.
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			r- 

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	istruc	
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	×
Secti	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 . 12	ļ. ·		
	If there are material differences in voting rights among members of the governing body, or	è.	-	i
	if the governing body delegated broad authority to an executive committee or similar		!	!
	committee, explain on Schedule O.	ř	'	
b	Enter the number of voting members included on line 1a, above, who are independent . 12	<del> </del>  '	h 1	,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-	<del></del>	
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
4 5	Did the organization that early significant changes to its governing documents since the prior form 350 was filed.  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6	×	^
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	۰		
7a	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	1		
а	The governing body?	8a	×	
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 on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		$\frac{\times}{\times}$
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	13 14	×	<u> </u>
14		'*	$\widehat{}$	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		<u>×</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	2	;	í i
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	;;; ,	, -	,
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	<u>.                                    </u>		
C ''	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	U1(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 on Schedule O)			
40		f into	oot -	olios:
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	mter	est p	опсу
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	Jaime Barnhart, 7600 Leesburg Pike, Falls Church, VA 22043 (703)750-3644			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

## 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 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. See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	officer and a direct officer a		more more erson direct	ore than one on is both an ector/trustee)		(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) Sarah Gerstein	2.00									
Immediate Past President			<u> </u>	×	ļ.,			0.	0.	0.
(2) Rafael Martinez President	2.00	×		×				0.	0.	0.
(3) Airielle Hansford  President - Elect	2.00	×		×				0.	0.	0.
(4) Kristen Melson Treasurer	2.00	×		×				0.	0.	0.
(5) Michael Gartner Vice President	2.00	×		×				0.	0.	0.
(6) Ruth Katz Secretary	2.00	×		×				0.	0.	0.
(7) Jaime Barnhart Executive Director	40.00			×				103,992.	0.	9,884.
(8) Jennifer Bennett Director	2.00	×						0.	0.	0.
(9) Thomas Burrell Director	2.00	×						0.	0.	0.
(10) Judyann Lee Director	2.00	×						0.	0.	0.
(11) Sara Ross Director	2.00	×						0.	0.	0.
(12) Todd Sinkins Director	2.00	×						0.	0.	0.
(13) Gary Simon Director	2.00	×						0.	0.	0.
(14) Johathan Stehle Director	2.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	ıd F	lighest Compe	nsated I	ted Employees (continued)					
		(C)														
	(A)	(B)	(B) Position						(D)	(E)		(F)				
	Name and title	Average					e than o		Reportable	Report		Estimated amount				
	Name and the	hours					ıs both tor/trus		compensation	compens		of other				
		per week							from the	from rel	ated	compensation				
		(list any hours for	호호	<u>इ</u>	Officer	éy	ag ig	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the				
		related	l ed id	Į,	Ē.	Key employee	est oye	<u>ब</u>	(44-2/1099-14130)	(**-2/1099	i-ivii3C)	organization and related organizations				
		organizations	9 4	nal		ğ	e cg					3				
		below dotted line)	Individual trustee or director	Institutional trustee		ee	per									
		dotted line)	ď	tee			Highest compensated employee									
							<u> </u>					<u> </u>				
(15)			ļ					ŀ								
							<u> </u>					_				
(16)			]				1									
(17)								Π								
			]													
(18)																
			1													
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32			ĺ													
(20)																
35-57			1													
(21)						-					1					
35-17																
(22)				<u> </u>	-											
(22)			-													
(00)						$\vdash$										
(23)			1													
10.41					<u> </u>	_										
(24)								Ì								
72-1			ļ	_		_										
(25)	······															
		<u> </u>	L	L		l		Ļ								
								<b>&gt;</b>	103,992.		0.	9,884.				
C	Total from continuation sheets to Part	VII, Sectio	n A		•		•	•								
d								<b>•</b>	103,992.		0.	9,884.				
2	Total number of individuals (including but		to th	ose	list	ed :	above	e) w	ho received more	e than \$10	00,000	of				
	reportable compensation from the organi	zation >					1									
												Yes No				
3	Did the organization list any former of							mpl	oyee, or highes	t compe	nsated					
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidi	ual					3 ×				
4	For any individual listed on line 1a, is the	sum of rep	portal	ole d	com	nper	nsatio	n ai	nd other comper	nsation fro	om the					
	organization and related organizations	greater that	an \$1	50,	000	2 1	f "Ye	s,"	complete Sched	dule J fo	r such	<u></u> -				
	ındıvıdual											4 ×				
5	Did any person listed on line 1a receive of	r accrue co	mpei	าsat	tion	froi	m anv	uni	related organizat	ion or ind	ividual					
	for services rendered to the organization											5 ×				
Section	on B. Independent Contractors						-		· · · · · · · · · · · · · · · · · · ·							
1	Complete this table for your five high	est compe	ensate	ed i	ınde	ener	ndent	CO	ntractors that r	eceived i	more t	han \$100,000 of				
-	compensation from the organization. Repo															
	(A)							, , <u>, , , , , , , , , , , , , , , , , </u>	(B)		9	(C)				
	Name and business add	ress							Description of serv	ices	c	Compensation				
								<del></del>				· · · · · · · · · · · · · · · · · · ·				
								-	<del></del>							
								-								
												<del></del>				
								L		<u>,                                    </u>						
2	Total number of independent contractor							th	ose listed above	e) who	•					
	received more than \$100,000 of compens	ation from t	he or	gani	ızatı	on l	▶					_				

Part	VIII	Statement of Revenue Check if Schedule O contains a res	nor	one or note to a	ay lina in this Di	n# \/III		
		Check if Schedule O contains a res	spor	ise or note to a	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512-514
ts ts	1a	Federated campaigns .	1a			i.		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	187,848.				
, G	С	Fundraising events	1c		]			
iifts ar A	d	<u></u>	1d		]			
s, G nils	е	Government grants (contributions)	1e		1			
ons Sir	f	All other contributions, gifts, grants,						1
outi		and similar amounts not included above	1f	347,475.	1			
i i	g	Noncash contributions included in lines 1a–1f	4	<b>.</b>				
Son	<b>h</b>		1g	<u> </u> \$	525 222		]	
	<u>h</u>	Total. Add lines 1a-1f	•	Business Code	535,323.			
e,	2a	Conference and Expo		561499	685,810.	685,810.	0.	0.
Program Service Revenue	b	Educational programs		611430	55,671.	55,671.	0.	0.
gram Ser Revenue	C	Annual dinner		561499	72,546.	72,546.	0.	0.
an Ve	d	National commissions		561499	32,864.	32,864.	0.	0.
gr. Re	е	Golf tournament		561499	75,985.	75,985.	0.	0.
Pro	f	All other program service revenue .			78,167.	78,167.	0.	0.
	g	Total. Add lines 2a-2f		<b>•</b>	1,001,043.			
	3	Investment income (including divide	ends	s, interest, and				
		other similar amounts) .		. •	4,349.	0.	0.	4,349.
	4	Income from investment of tax-exemp	ot bo	ond proceeds ►				
	5	Royalties		<u>.</u> ▶				<del></del>
	_	(i) Real		(ii) Personal				
	6a	Gross rents . 6a			{			
	b	Less rental expenses 6b			1			
	c d	Rental income or (loss) 6c Net rental income or (loss) .		. •			-	
	_	(3.0	· ·s	(ii) Other				
	7a	Gross amount from sales of assets		(4) 55.	1			
		other than inventory 7a						
يو	b	Less: cost or other basis		· · · · · · · · · · · · · · · · · · ·	1			
Revenue		and sales expenses . 7b						
ě	С	Gain or (loss) . 7c						
	d	Net gain or (loss)		. ▶				
Other	8a	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line						
		·	8a					
			8b	<u> </u>				
	C	Net income or (loss) from fundraising	eve	nts 🕨				
	9a	Gross income from gaming activities See Part IV, line 19	9a					
	b		9b		}			
		Net income or (loss) from gaming act		es 🕨	,			<u></u> !
		Gross sales of inventory, less	·	, <u>,, , , , , , , , , , , , , , , , , , </u>				1
	104	- · · · · · · · · · · · · · · · · · · ·	10a					ļ
	b	<b>—</b>	10b					
	С	Net income or (loss) from sales of inv	ento	ory <b>&gt;</b>				
2				Business Code		_	_	
le son	11a	Magazine revenue		511120	226,525.	0.	226,525.	0.
scellaneo Revenue	b	Other income		999999	1,290.	1,290.	0.	0.
e ell	С							
Miscellaneous Revenue	d	All other revenue						
		Total. Add lines 11a-11d .		· •	227,815.		065 555	
	12	Total revenue. See instructions		<b>▶</b>	1,768,530.	[⊥,002,333.	226,525.	4,349.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			s must complete colu	mn (A)
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .	· · · · · · ·	
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			t 1	:
	and domestic governments See Part IV, line 21 .			l	·
2	Grants and other assistance to domestic				<del>-</del>
	individuals See Part IV, line 22	3,015.			· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			ļ <sub>i</sub> l	
	foreign individuals See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members			<u> </u>	· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	113,876.			
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	337,667.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•		26,000			
9	Other employee benefits	36,908.	<u> </u>		
10	Payroll taxes	35,182.			
11					
a b	Management Legal				
C	Accounting .				
ď	Lobbying	76,264.		1	
e	Professional fundraising services See Part IV, line 17	70,201.			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.) .	110,107.			
12	Advertising and promotion .	1,897.			
13	Office expenses	127,656.			
14	Information technology				
15	Royalties				
16	Occupancy	141,880.			
17	Travel	14,634.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	88,530.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	41,500.			
23	Insurance	7,942.			
24	Other expenses. Itemize expenses not covered	ı			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1			
_	D.1.1.1.2		<del>_</del>		10 4000
a	Publications expense Communication	69,270.		-	
b c		17,388. 58,275.		<del> </del>	
d	Design services Audio visual	37,718.	<del></del>		· ·
	All other expenses	423,747.			
25	Total functional expenses. Add lines 1 through 24e	1,743,456.			
26	Joint costs. Complete this line only if the	2,713,430.		<del>                                     </del>	
	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)				

**Net Assets or Fund Balances** 

Form 990 (2019) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing . 413,484. 1 333,691. 2 Savings and temporary cash investments 2 349,911 377,419. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 23,794. 13,322 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 Notes and loans receivable, net . . . . 7 Assets 8 Inventories for sale or use . . . . . . . . Prepaid expenses and deferred charges . . 9 9 62,437 97,710. Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . 10a 422,369. 10b **b** Less accumulated depreciation 186,174. 260,633. 10c 236,195. 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets . . . . . . 14 Other assets See Part IV, line 11 . . . . . 15 15 1,110,259 16 Total assets. Add lines 1 through 15 (must equal line 33) . 16 1,058,337. Accounts payable and accrued expenses 17 17 18,468. 28,019. 18 18 Grants payable Deferred revenue . . . . 547,410. 19 482,317. 19 20 20 Tax-exempt bond liabilities . Liabilities

20	rax-exempt bond liabilities.		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	•		
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	• -	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	293,175.	25	271,721.
26	Total liabilities. Add lines 17 through 25	859,053.	26	782,057.
	Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	251,206.	27	276,280.
28	Net assets with donor restrictions	0.	28	0.
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.		•	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	251,206.	32	276,280.
33	Total liabilities and net assets/fund balances	1,110,259.	33	1,058,337.
	REV 10/27/20 PRO			Form <b>990</b> (2019)

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						.5	
Parl							
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.,76	8,5	30.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.,74	13,4	56.	
3	Revenue less expenses Subtract line 2 from line 1	3		2	25,0	74.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		_ 25	1,2	06.	
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					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		27	76,2	80.	
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		— ľ	- [			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ın [				
_	Schedule O			 2a		٠	
2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or ,		.		
	reviewed on a separate basis, consolidated basis, or both:					. 1	
	Separate basis Consolidated basis Both consolidated and separate basis		-	<u>-</u>		ليد	
b	Were the organization's financial statements audited by an independent accountant?	•	· -	2b		X 1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	ла 🖰	- 4	,		
	separate basis, consolidated basis, or both			- [.	. [		
	Separate basis Consolidated basis Both consolidated and separate basis			-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			2c		×	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			20		<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O	kpiain	on	- 1		<b>'</b>	
0-			<u>-</u>		<u> </u>		
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Single Audit Act and OMB Circular A-133?	ווח ווז		3a		×	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lorge	_	<del>Ja</del>			
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			зь			
					aan	(2019)	
	REV 10/27/20 PRO			LOIM	330	(2019)	

#### 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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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
- 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," on 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

, ,	see separate instructions), t						
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			·_ · · · · · · ·		
	of organization					ntification number	
		Chapter Community Associ			52-10749		_
Part		e organization is exempt une				<del></del>	
1		f the organization's direct and i	ndirect political ca	mpaign act	ivities in Parl	t IV. (see instructions	foi
	definition of "political car						
2		ty expenditures (see instructions)		•	🕨 🛚	5	
3		cal campaign activities (see instru					
Part		e organization is exempt und					
1		excise tax incurred by the organia			▶ \$	} 	
2		excise tax incurred by organization	-			} 	
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?			10
4a	Was a correction made?					. LYes LN	10
b	If "Yes," describe in Part	:				( ) (6)	
Part		e organization is exempt und				(c)(3).	
1		ly expended by the filing organi	zation for section	527 exemp			
	activities				. ▶ \$	, 	
2		filing organization's funds contri	buted to other orga	anızatıons 1	or section		
	527 exempt function act			•	. • \$		
3	· ·	expenditures Add lines 1 and 2					
_					🕨 🦠		
4		n file <b>Form 1120-POL</b> for this yea				. Yes N	
5	Enter the names, address	ses and employer identification nu	ımber (EIN) of all se	ection 527 p	olitical organi	izations to which the fili	ng
		ents. For each organization listed					
		ontributions received that were pro I fund or a political action committ					
	as a separate segregated	Tana or a political action committee	ee (i Ao) ii addiiloii	lai space is	needed, provi	T T T T T T T T T T T T T T T T T T T	·
	(a) Name	(b) Address	(c) EIN		int paid from	(e) Amount of political	
					ganization's one, enter -0-	contributions received and promptly and directly	,
						delivered to a separate	
						political organization If none, enter -0-	
			ļ			.,	
(1)							
(2)							
			<del> </del>				
(3)			{				
(4)							
			<del> </del>	<del></del>			
(5)		<b>}</b>					
(6)						1	

Part	II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
	heck In the filing organization belong address, EIN, expenses, and	share of exces	s lobbying expend	litures)	lliated group memb	er's name,
B C	heck 🕨 🗌 if the filing organization check	ed box A and	"limited control" p	rovisions apply		
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
1a	, , ,					
b	Total lobbying expenditures to influence	_	ody (direct lobbyin	g)		
С	Total lobbying expenditures (add lines 1a	and 1b)	• • • •			-
d	Other exempt purpose expenditures			•		
е	Total exempt purpose expenditures (add					
f	Lobbying nontaxable amount Enter t columns	he amount f	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	it is:		I
	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000			-	- 7-
g	Grassroots nontaxable amount (enter 25	•				
h	J .					
i	Subtract line 1f from line 1c If zero or les	•	•	•		
j	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	ı file Form 4720	¬.,
	reporting section 4911 tax for this year?	<u> </u>				_ Yes
	(Some organizations that made a sec See the	tion 501(h) el separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	<b>(c)</b> 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	- •				
С	Total lobbying expenditures					
			1	1	1	
d	Grassroots nontaxable amount					
d e					· .	
d e f	Grassroots ceiling amount					

Yes	No	Amount
1		3
		3
		3
	1	
_		
Ĺ		
1, "	); <u> </u>	
Ĺ	<u>                                     </u>	
		<u> </u>
<i>5)</i> (5), (	or sec	,tion
		Yes
		1
		2
		3 ×
		ill-A, line 3,
	1	55,50
s of	•	
	22	02 7
	2a 2b	82,72
	2b	162,70
•	2b 2c	162,70 245,42
	2b	162,70
 f the	2b 2c	162,70 245,42
	2b 2c	162,70 245,42 9,43
 f the	2b 2c 3	162,70 245,42
	prior	1.1

Scriedule C (For	111 990 01 990-EZ) 2019	Page •
Part IV	Supplemental Information (continued)	
		***
		***************************************
	.,,,,,,	
	,	

#### **SCHEDULE D** (Form 990)

**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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	f the organization	·	Employer identification number
Wash	ington Metropolitan Chapter Community A	ssociations Institute, Inc	52-1074939
Par			is or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	·	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
Ū	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	-	
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		☐ Yes ☐ No
Par			
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (for example, recre		f a historically important land area
	☐ Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	un the form of a conservation
_	easement on the last day of the tax year.	a diamina concentation contribution	Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	2b
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in	• • •	
u	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser		
5	Does the organization have a written policy regulations, and enforcement of the conservation easily		ection, handling of Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	sting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin ▶\$	g, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i) . □ Yes □ No
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue a	and expense statement and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's final	ncial statements that describes the
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or resease.	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar a	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		. ▶ \$
	Assets included in Form 900 Part X		•

Pag	e	2

Par	Organizations Maintaining Co	ollections of Art, His	storical Treasure	s, or Other Similar <i>I</i>	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply).	cession, and other reco	ords, check any of t	he following that make	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchan	ge program	
b	☐ Scholarly research	е	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	n's collections and exp	ain how they furthe	r the organization's ex	empt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather that	an to be maintained as			nilar Yes 🔲 No
Par	Complete if the organization ar 990, Part X, line 21.		rm 990, Part IV, lır	ne 9, or reported an a	amount on Form
1a	included on Form 990, Part X?			utions or other assets	not
b	If "Yes," explain the arrangement in Part	XIII and complete the f	ollowing table.		Amount
	Danis de la casa			1	Amount
C	Beginning balance .			1c	
d	<b>9</b> ,			1d	
e	Distributions during the year			1e	
f	Ending balance Did the organization include an amount of			1f	** O D V D N -
2a h	If "Yes," explain the arrangement in Part	· · · · · · · · · · · · · · · · · · ·	-		ity/ ites in No
	t V Endowment Funds.	Am. Oncok horo ii the c	Apianation has been	r provided on r dit XIII	<u> </u>
	Complete if the organization ar	nswered "Yes" on Fo	rm 990, Part IV, lir	ne 10.	
		T	or year (c) Two ye		ack (e) Four years back
1a	Beginning of year balance				
b	Contributions			***	
С	Net investment earnings, gains, and losses				
d	Grants or scholarships .				-
е	Other expenditures for facilities and				
_	programs			ı.	
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end balan	ce (line 1g, column (	a)) held as	•
а	Board designated or quasi-endowment		. 0.	"	
b		%			
С	Term endowment ▶%				
	The percentages on lines 2a, 2b, and 2c	should equal 100%			
3a	Are there endowment funds not in the po		zation that are held	and administered for	the
	organization by	<b>3</b>			Yes No
	(i) Unrelated organizations				. 3a(i)
	(ii) Related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related orga	nızatıons listed as requ	red on Schedule R		. 3b
4	Describe in Part XIII the intended uses of				<u> </u>
Par	VI Land, Buildings, and Equipme	ent.			
	Complete if the organization ar	swered "Yes" on Fo	m 990, Part IV, lır	e 11a. See Form 990	), Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.	0.		0.
b	Buildings		0.		0.
С	Leasehold improvements		215,189.	53,308.	161,881.
d	Equipment		108,276.	84,128.	24,148.
е	Other		98,904.	48,738.	50,166.
Total.	Add lines 1a through 1e (Column (d) mus	t equal Form 990. Part	X. column (B), line 1	0c) -	236,195.

Part VII	Investments – Other Securities.	000 D 111/1	441 0 5	000 D IV I 40
	Complete if the organization answered "Yes" on Fo			
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial				<del></del>
	eld equity interests			
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		od of valuation of-year market value
(1)				
(2)				
(3)				
(4)			-	
(5)				
(6)				
(7)			· ·-	
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 13) .		-	•
Part IX	Other Assets.	1		7
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description	i		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
	mn (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			
. GIRLA	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11e or 11f. See	Form 990. Part X.
	line 25.	,,		
1.	(a) Description of liability			(b) Book value
(1) Federal in				(1)
	ed compensation	······································		43,000.
(3) Deferi				217,598.
	al lease payable			11,123.
	it icase balante			11,143.
(5)				
(6)			·	
			-	
(8)				
(9)	(A)	_		
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · · · · · · · · · · · · · · · ·		271,721.
	uncertain tax positions. In Part XIII, provide the text of the footr			
organization's	s liability for uncertain tax positions under FASB ASC 740. Chec	k nere if the text of the	tootnote has been p	rovided in Part XIII . 📙

Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	11	* *
a	Net unrealized gains (losses) on investments	2a	<b>-</b>
b	Donated services and use of facilities	2b	<b>⊣</b>
C	Recoveries of prior year grants	2c	<u> .</u> ^
d	Other (Describe in Part XIII.)	2d	<del> </del>
e	Add lines 2a through 2d		2e 3
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	i i · · · ·	3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	$\dashv$ $\mid$
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5
Part			per Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7.1
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	<u>_</u> '·
ď	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIII.)	4b	<u> </u>
с 5	Add lines <b>4a</b> and <b>4b</b>		4c   5
Part		<u> </u>	1 3 1
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b. Also complete this part		
	·		

Schedule D (For	m 990) 2019	Page \$
Part XIII	Supplemental Information (continued)	
•••••		
		······································
		••••

#### 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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Washington Metropolitan Chapter Community Associations Institute, Inc.	52-1074939
Pt VI, Line 6: Association has Members that pay dues for membersh	ip.
Pt VI, Line 7a: Members elect the Board of Directors.	
Pt VI, Line 11b: The 990 is reviewed by Members of the Board of I	irectors prior
to signing the return.	·
Pt VI, Line 19: A request can be made to the corporate office for	access to
the documents.	•••••
Pt IX, Line 24e:	•••••
Description: Program materials	
Total: \$18,119	
Description: Food and beverage	
Total: \$199,368	
Description: Decor	
Total: \$135,141	
Description: Other	
Total: \$28,805	·····
Description: Security	
Total: \$4,306	
Description: Corporate fees	
Total: \$28,525	
Description: Awards	
Total: \$4,469	
Description: Photography	
Total: \$5,014	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

Related Organizations and Unrelated Partnerships

2019

OMB No 1545-0047

Open to Public Inspection

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

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

Washington Metropolitan Chapter Community Associations Institute,

Employer identification number 52-1074939

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 (f)
Direct controlling entity ş × Identification of Related Tax-Exempt Organizations. Complete of 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. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501c(6) (c)
Legal domicile (state
or foreign country) (b) Pnmary activity REV 10/27/20 PRO VΑ (1) Community Associations Institute 23-7392984 6402 Arlington Blvd Suite 500 Falls Church VA 22042 [Nating Wingt, Express Issue) (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part II € 2 2 2 Ξ 2 ල 9 ල € 2 9

Schedule R (F	Schedule R (Form 990) 2019												Pa	Page
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organiza because it had one or more related organizations treated as a partnership during the tax year.	Related Organiza	tions Taxable organizations	as a Partr treated as	n <b>ership.</b> Co a partnersh	xable as a Partnership. Complete if the organization answered "Yes" tions treated as a partnership during the tax year.	e organizat s tax year.	ion answer	red "Yes	s" on Form 990, Part IV, line	o, Par	. IV, lin	e 34,	
Name, reli	(a) Name, address, and EIN of related organization	(b) Primary 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) (h) Share of end-of- Disproportionale year assets allocations?	(h) f- Disproportiona allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(I) General or managing partner?	(k) Percentage	c) ntage rship
(1)									Yes	ON.	>	Yes No		
(2)														
(3)														
(4)														
(2)											<del> </del>	-		
(9)														
(2)												-		
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.	Related Organiza	tions Taxable	as a Corp	oration or	· <b>Trust.</b> Com orporation or	plete if the r trust durir	organization organization organization	on answ /ear.	ered "Yes" on	Form	990,	oart IV,	
Nan	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	/ Leg (state or	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	entity Sha	(f) Share of total income	(g) Share of end-of-year assets		tage	(i) Section 512(b)(13) controlled entity?	(b)(13)
						i						L.	Yes	å
( <del>)</del>														
(2)														
(3)														
(4)														
(5)														
(9)														
(2)														
V V C	:				RFV 10/27/20 PRO	DRO	-				Cohedi	lo D (E,	Schedule B (Form 990) 201	5

Page 3

Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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

	(9) (h) (k) (k) (k) (k) Share of Disproportionate Code V—UBI General or Percentage end-of-year allocations? amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065)	Yes No																	Schodisto (100) 2010
ision for certain investm	Are all partners Share of section total income ed 501(c)(3) organizations?	<sup>4</sup> Yes No																	
uctions regarding exclu	(c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	sections 512—51																	
ganization. See instru	(b) Primary activity Legal (state of continuous continu						!							·				!	
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	< < < < < < < < < < < < < < < < < < <

Schedule R (Form 990) 2019 Page 5									
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.								
		••••							