Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AF	or the	2023 calendar year, or tax year beginning 00111 , 2023 and 6	enaing L	IUN 30, 2024	
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number
	Addres	S COMMUNITY ASSOCIATIONS INSTITUTE			
	Name change	Doing business as		23-73929	84
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return/		500	(703) 97	0-9220
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,364,676.
	Ameno return	FALLS CHURCH, VA 22042		H(a) Is this a group re	
	Application	F Name and address of principal officer: BROCE A TOWNSEND		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	ax-exe	empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1973 N	1 State of legal domicile: DC
Pa		Summary			
a	1	Briefly describe the organization's mission or most significant activities: COMMU			
Activities & Governance		(CAI), AN INTERNATIONAL ORGANIZATION DEDI			
ern	_	Check this box if the organization discontinued its operations or dispose	ed of more	1 1	
ŏ				3	15
æ		Number of independent voting members of the governing body (Part VI, line 1b)			15
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			66
Σij		Total number of volunteers (estimate if necessary)			50
Act				7a	688,364.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
ne		Oantributions and maste (Dart VIII line 14)		45,803.	22,260.
		Contributions and grants (Part VIII, line 1h)		15,650,029.	16,423,177.
Revenue		Program service revenue (Part VIII, line 2g)		326,760.	511,764.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		708,048.	731,090.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,730,640.	17,688,291.
				11,885.	6,603.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,462,033.	7,903,279.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
oen	h	Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,061,988.	9,994,422.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,535,906.	17,904,304.
		Revenue less expenses. Subtract line 18 from line 12		194,734.	-216,013.
or es				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		17,304,279.	18,431,465.
Ass 1 Ba	21	Total liabilities (Part X, line 26)		9,967,534.	10,567,606.
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		7,336,745.	7,863,859.
Pa	rt II	Signature Block			
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sigr		Signature of officer		Date	
Her	е	BRUCE A TOWNSEND, CHIEF FINANCIAL OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		GLENN MILLER, CPA GLENN MILLER, CP	PA 1	1/06/24 self-employ	
	arer	Firm's name WEGNER CPAS LLP		Firm's EIN 3	9-0974031
Use	Only	Firm's address 419 N LEE ST		, _	00) 540 0000
		ALEXANDRIA, VA 22314-2301		Phone no. (7	03) 519-0990
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2023) COMMUNITY ASSOCIATIONS INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
•	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		X
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		<u> X</u>
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	X	
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	X	
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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D	, .	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the appropriation projection of the control of the United Otelson			X
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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		X
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		<u> X</u>
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		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х

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Pa	rt IV 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	Х	
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			
	, ,	23	х	
04-	Schedule J	23	21	
24 a	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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
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		
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			
		25b		
26	,	230		
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		X
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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	·	28c		Х
20	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
	∪ ∪g [<u> </u>		

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Form 990 (2023) COMMUNITY ASSOCIATIONS INSTITUTE

Part V 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 Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	66							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х					
За	5111			За	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х				
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 A	ccour	its (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
6a	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	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts							
	were not tax deductible?			6b	Х					
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a						
b				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_						
	to file Form 8282?	 I	 T	7c						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7-						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		rt?	<u>7e</u> 7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g						
h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, and the organization received a contribution of cars, airplanes, airpla			7 <u>9</u> 7h						
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
Ū		•		8						
9										
а										
b										
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	•							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a						
	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.			40						
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.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1							
•	organization is licensed to issue qualified health plans	13c								
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			i-ru						
	excess parachute payment(s) during the year?			15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		х				
-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L				
	If "Yes," complete Form 6069.									

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COMMUNITY ASSOCIATIONS INSTITUTE 23-7392984 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **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 on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 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? Did the organization have members or stockholders? 6 6 Х 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? Х 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

6402 ARLINGTON BLVD, STE 500, FALLS CHURCH, 332006 12-21-23

Form **990** (2023)

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

THE ASSOCIATION - (703) 970-9220

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated should be semployee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) THOMAS SKIBA	38.00			,,				F10 726	_	40 643
CHIEF EXECUTIVE OFFICER	20 00			Х				512,736.	0.	40,643.
(2) DAWN BAUMAN	38.00	-			٠,			200 040	_	20 724
CHIEF STRATEGY OFFICER (3) BRUCE TOWNSEND	38.00				Х			289,049.	0.	20,724.
CHIEF FINANCIAL OFFICER	30.00			х				235,078.	0.	21,195.
(4) CRYSTAL WALLACE	38.00								•	
SR. VP - MEMBERSHIP & CHAPTER RELATI		1			х			189,669.	0.	21,707.
(5) LAUREN STRATTON	38.00							,	-	,
DIRECTOR - SALES & STRATEGIC SPONSOR						x		196,969.	0.	4,656.
(6) DAVE JENNINGS	38.00									-
VP - EDUCATION					Х			177,276.	0.	16,412.
(7) CORI CANADY	38.00									
VP - COMMUNICATIONS, MARKETING & CRE					Х			150,866.	0.	18,144.
(8) MATTHEW GREEN	38.00									
EXECUTIVE DIRECTOR - CAMICB						X		148,027.	0.	7,421.
(9) JAKE GOLD	38.00								_	
DIRECTOR - EDUCATION DEVELOPMENT						X		132,605.	0.	6,461.
(10) DANIEL BRANNIGAN	38.00									
SR. DIRECTOR - PUBLISHING						X		131,682.	0.	5,823.
(11) KAREN MCMULLEN	38.00	-				l		122 422		6 450
SR. DIRECTOR - CHAPTER & MEMBER ENGA	1 00					X		130,409.	0.	6,470.
(12) JEEVAN J. D'MELLO, CMCA, AMS, L	1.00	3,7		,,					_	_
PRESIDENT	1 00	Х		Х				0.	0.	0.
(13) MELISSA RAMSEY, CMCA, AMS, LSM,	1.00	Х		х				0.	0.	_
PRESIDENT-ELECT (14) VISHNU SHARMA, CPA, CFE	1.00	^	\vdash	^				0.	0.	0.
IMMEDIATE PAST PRESIDENT	1.00	Х		х				0.	0.	0.
(15) JESSICA TOWLES, CMCA, AMS, PCAM	1.00	^		^				0.	0.	· ·
IMMEDIATE PAST PRESIDENT (THRU 12/20	1.00	Х		х				0.	0.	0.
(16) MICHAEL JOHNSON, CMCA, AMS, PCA	1.00	-25						•	•	•
DIRECTOR		х						0.	0.	0.
(17) JESSICA KNUTSEN, CIRMS	1.00	_ <u>-</u> _								
DIRECTOR		Х						0.	0.	0.
	•	•	•	•	•	•	•	•	-	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	Pos heck i ss per id a d	more rson i	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JOEL W. MESKIN, ESQ., CIRMS	1.00	.,							0	
DIRECTOR COPER FIG.	1 00	Х						0.	0.	0.
(19) MATT D. OBER, ESQ. DIRECTOR	1.00	Х						0.	0.	0.
(20) JOYCE SACHS	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MIKE WOLF	1.00									
DIRECTOR		Х						0.	0.	0.
(22) KELLY ZIBELL, AMS, PCAM DIRECTOR	1.00	х						0.	0.	0.
(23) CAMERON ADAMS, CMCA, LSM, PCAM DIRECTOR (FROM 1/2024)	1.00	Х						0.	0.	0.
(24) BRIAN BUTLER, ESQ., CMCA, AMS, DIRECTOR (FROM 1/2024)	1.00	х						0.	0.	0.
(25) STACI GELFOUND, CMCA, AMS, PCAM DIRECTOR (FROM 1/2024)	1.00	х						0.	0.	0.
(26) MELISSA HARGROVE, CMCA, AMS, LS	1.00									
DIRECTOR (FROM 1/2024)		Х						0.	0.	0.
1b Subtotal								2,294,366.	0.	169,656.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								2,294,366.	0.	169,656.
2 Total number of individuals (including but n) wh	o re	ceived more than \$100.	000 of reportable	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3	bld the organization list any former officer, director, trustee, key employee, or nighest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICANEAGLE.COM		
	WEBSITE CONSULTANT	399,958.
	EVENTS AUDIO VISUAL	,
5075 FORSYTH COMMERCE RD, ORLANDO, FL 32807	SERVICES	280,344.
WILLWORK GLOBAL EVENT SERVICES		
23 NORFOLK AVE, SOUTH EASTON, MA 02375	EVENT SERVICES	210,530.
LSC COMMUNICATIONS US	PUBLICATIONS	
PO BOX 932987, CLEVELAND, OH 44193	PRINTING AND MAILING	206,346.
THE SYNERGY GROUP	BOOK PRINTING AND	
23062 ANDRIA PLACE, LAGUNA NIGUEL, CA 92677	SHIPPING	196,174.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 8		

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Form 990 COMMUNITY	Z ASSOCI	.AI	'IC	NS	I	NS	TI	TUTE	23-739	2984
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
Name and the	hours	(cl				app	lv)	compensation	compensation	amount of
	per	(0,	I	an .	I	I	',	from	from related	other
	week					ee Ge		the	organizations	compensation
	(list any	tor				l blo		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	related	ee or	stee			nsate		(** =* ** = = **,		and related
	organizations	Individual trustee or director	Institutional trustee		yee	ed m				organizations
	below	dual	ution	<u></u>	Key employee	stcc	er			Ŭ
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(27) MATTHEW KUISLE, RS	1.00									
DIRECTOR (FROM 1/2024)	100	Х						0.	0.	0.
(28) BRIAN BUTLER, ESQ., CMCA, AMS,	1.00	23						•	•	•
DIRECTOR (THRU 12/2023)	1.00	Х						0.	0.	0.
(29) MELISSA GUYOTT, CMCA, AMS, PCAM	1.00							•	•	•
DIRECTOR (THRU 12/2023)	1.00	Х						0.	0.	0.
(30) MELISSA RAMSEY, CMCA, AMS, LSM,	1.00		\vdash		\vdash	\vdash	 		•	<u></u>
DIRECTOR (THRU 12/2023)	1.00	х						0.	0.	0.
(31) SARA ROSS, ESQ.	1.00		\vdash		\vdash	\vdash	-		0.	<u> </u>
DIRECTOR (THRU 12/2023)	1.00	х						0.	0.	0.
(32) KIRK WATILO, LSM, PCAM	1.00	^						0.	0.	0.
DIRECTOR (THRU 12/2023)	1.00	Х						0.	0.	0.
DIRECTOR (THRO 12/2023)		Λ						0.	0.	0.
			\vdash							
-										
		l								
_			\vdash	_	\vdash	\vdash				
		ł								
		-	\vdash		\vdash		-			
		1								
	<u> </u>	<u> </u>			<u> </u>		<u> </u>			
Total to Doub VIII. Continue A. Pere de										
otal to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					iunction revenue	business revenue	sections 512 - 514				
SΩ	1:	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b									
ي ق		Fundraising events 1c									
fts, r A		Related organizations 1d									
<u>e</u>		Government grants (contributions)									
Sin		All other contributions, gifts, grants, and									
utic		similar amounts not included above 1f	22,260.								
Ģ.		Noncash contributions included in lines 1a-1f 1g \$,								
o d		Total. Add lines 1a-1f		22,260.							
0 10		Total. Add lines 1a-11	Business Code								
	2 :	MEMBERSHIP DUES	900099	7,282,500.	7,282,500.						
ΪĠ	_	EDUCATION	611600	4,469,510.	4,469,510.						
Program Service Revenue		CONFERENCES AND SEMINARS	900099	3,458,062.	3,458,062.						
	(MANAGEMENT FEES	561000	1,151,000.	1,151,000.						
gra Re		IMMODRANT TEED	301000	1,131,000.	1,131,000.						
Š		All others property and in a various	900099	62,105.	62,105.						
-		All other program service revenue	300033	16,423,177.	02,103.						
-+		Total. Add lines 2a-2f		10,423,177.							
	3	Investment income (including dividends, interes		431,926.			431,926.				
		other similar amounts)		431,720.			431,320.				
	4	Income from investment of tax-exempt bond pr	oceeas	207,964.			207,964.				
	5	Royalties(i) Real	(ii) Personal	207,304.			207,304.				
	•		(II) Fersorial								
		Gross rents 6a									
		Less: rental expenses 6b									
		Rental income or (loss) 6c									
		Net rental income or (loss)	(ii) Othor								
	7 :	Gross amount from sales of (i) Securities	(ii) Other								
		assets other than inventory 7a 505,000.									
		Less: cost or other basis									
ığ		and sales expenses 7b 425,162.									
ther Revenue		Gain or (loss) 79,838.		70.020			70.020				
Ř		Net gain or (loss)		79,838.			79,838.				
the the	8	Gross income from fundraising events (not									
0		including \$ of									
		contributions reported on line 1c). See									
		Part IV, line 18									
		Less: direct expenses 8b									
		Net income or (loss) from fundraising events									
	9 :	Gross income from gaming activities. See									
		Part IV, line 19 9a									
		Less: direct expenses 9b									
		Net income or (loss) from gaming activities									
	10	Gross sales of inventory, less returns	05 005								
		and allowances 10a	85,985.								
		Less: cost of goods sold 10b	251,223.	465 005			165 000				
\rightarrow		Net income or (loss) from sales of inventory	Bush C :	-165,238.			-165,238.				
<u>s</u>			Business Code	600.06:		600.05:					
Miscellaneous Revenue	11 :	ADVERTISING REVENUE	541800	688,364.		688,364.					
lan	ı	·									
3eV	•										
Mis	(I All other revenue									
	(e Total. Add lines 11a-11d		688,364.	40		FF: 15-				
	12	Total revenue. See instructions		17,688,291.	16423177.	688,364.	554,490.				

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 6,603. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,693,499. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,211,273. Other salaries and wages 7 Pension plan accruals and contributions (include 174,244. section 401(k) and 403(b) employer contributions) 347,296. Other employee benefits 9 476,967. 10 Payroll taxes Fees for services (nonemployees): Management 19,531. Legal 21,985. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 264,072. column (A), amount, list line 11g expenses on Sch O.) 108,472. Advertising and promotion 12 1,665,417. Office expenses 13 445,808. Information technology 14 Royalties 15 582,557 16 Occupancy 539,932. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,009,665. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 138,795. Depreciation, depletion, and amortization 22 30,194. 23 Other expenses. Itemize expenses not covered 24 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.) $3,167,\overline{424}$ CHAPTER REBATES 570. All other expenses 17,904,304. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			729,794.	1	1,166,167
	2	Savings and temporary cash investments			792,226.	2	667,724
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		98,960.	4	75,106	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in				6	
ţ	7	Notes and loans receivable, net				7	44
Assets	8	Inventories for sale or use		<u> </u>	79,556.	8	69,751
⋖	9	Prepaid expenses and deferred charges			283,590.	9	475,310
	10a	Land, buildings, and equipment: cost or other		2 222 254			
		basis. Complete Part VI of Schedule D	10a	3,239,974.	204 262		244 500
	b	Less: accumulated depreciation			384,360.		314,529
	11	Investments - publicly traded securities			9,225,590.	11	8,952,087
	12	Investments - other securities. See Part IV, line 11			2,324,944.	12	3,335,965
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets	2 205 250	14	2 274 006		
	15	Other assets. See Part IV, line 11		I	3,385,259.	15	3,374,826
	16	Total assets. Add lines 1 through 15 (must equal		17,304,279.	16	18,431,465	
	17	Accounts payable and accrued expenses	1,436,940.	17	2,616,926		
	18	Grants payable			4,990,392.	18	4,880,925
	19	Deferred revenue			4,990,394.	19	4,000,923
	20	Tax-exempt bond liabilities		I		20	
	21	Escrow or custodial account liability. Complete Pa				21	
Liabilities	22	Loans and other payables to any current or former					
ij⊟		trustee, key employee, creator or founder, substar controlled entity or family member of any of these				22	
Lial	23	Secured mortgages and notes payable to unrelate	-	:		23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya	•				
	20	parties, and other liabilities not included on lines 1					
		of Schedule D		·	3,540,202.	25	3,069,755
	26	Total liabilities. Add lines 17 through 25		I	9,967,534.	26	10,567,606
		Organizations that follow FASB ASC 958, check					
ses		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			7,336,745.	27	7,863,859
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 958					
Fu		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,336,745.	32	7,863,859
_	33	Total liabilities and net assets/fund balances			17,304,279.	33	18,431,465

Pai	rt XI Reconciliation of Net Assets							
	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	17,68					
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,90 -21					
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	74	3,2	<u>67.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	-140.					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,86	3,8	59.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X 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 oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

ZU

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

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:

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

Name of orga	nization	ions. Complete Part III.		E	mployer identification number
		TY ASSOCIATIONS	INSTITUTE	-	23-7392984
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	
2 Political	campaign activity expendit r hours for political campai	gn activities			\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 Enter the	amount of any excise tax	incurred by the organization und	der section 4955		. \$
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955		. \$
		n 4955 tax, did it file Form 4720			
					Yes No
	describe in Part IV.	anization is exempt und	lor coation 501(a)	execut section 50	1(0)(3)
Part I-C				-	
		by the filing organization for se			. \$
	0 0	ization's funds contributed to of	•		¢
		. Add lines 1 and 2. Enter here a			\$
		. Add lines 1 and 2. Enter here a	•		4
		1120-POL for this year?			
5 Enter the made pa contribut	e names, addresses, and er yments. For each organiza ions received that were pro	mployer identification number (E tion listed, enter the amount pai emptly and directly delivered to additional space is needed, prov	IN) of all section 527 poid from the filing organizaseparate political orga	olitical organizations to w ation's funds. Also ente anization, such as a sepa	which the filing organization r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization? funds. If none, enter	s contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

	COMMUNITY A				7392984 Page 2
Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	n 501(c)(3) and file	a Form 5/68 (el	ection under
A Check if the filing organiza expenses, and share	re of excess lobbying e	expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
Limi	tion checked box A ar ts on Lobbying Experditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ente	er the amount from the	following table in bot	th columns.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	nount is:		
not over \$500,000,	20% of	the amount on line 1e			
over \$500,000 but not over \$1,000),000, \$100,00	00 plus 15% of the exc	cess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1,000,	000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ro on either line 1h or	ine 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 COMMUNITY ASSOCIATIONS INSTITUTE 23-73929 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?	es	No		(b)		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?		Yes No Am				
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?						
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?						
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?						
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	1(c)(5),	or se	ction			
501(c)(6).						
			Yes	No		
1 Were substantially all (90% or more) dues received nondeductible by members?				X		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		X		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	r year?	3		X		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"			III-A, line	3, is		
answered "Yes."		1				
answered "Yes." 1 Dues, assessments and similar amounts from members		1				
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		1				
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			7,282	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year		2a	7,282	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		2a 2b	120	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2a 2b 2c	120	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b 2c	120	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		2a 2b 2c	120	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b 2c	120	2,500		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		2a 2b 2c 3	120	2,500 0,000 0,000 3,025		

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 Inspection

Name of the organization

COMMUNITY ASSOCIATIONS INSTITUTE

Employer identification number 23-7392984

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of 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 held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year	and the land of	
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

332051 09-28-23

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

Sched		TY ASSOCIA							92984	Page 2
Part	III Organizations Maintaining Co	ollections of A	rt, Histo	orical Tre	easures, o	r Other S	Similar	Assets	(continue	ed)
	Jsing the organization's acquisition, accession	on, and other record	ds, check	any of the f	following that	make sigr	nificant u	se of its		
(collection items (check all that apply).									
а	Public exhibition	•			hange progra					
b	Scholarly research	•	e	Other						
С	Preservation for future generations					_				
	Provide a description of the organization's co							se in Part	XIII.	
	During the year, did the organization solicit or		,		,				٦,,	
Part	o be sold to raise funds rather than to be ma								_ Yes	No
ı aı t	reported an amount on Form 990, Par		ete ii the	organization	1 answered	res" on Fo	orm 990,	Part IV, II	ne 9, or	
10	s the organization an agent, trustee, custodia	<u> </u>	diany for	contribution	oc or other ac	sots not in	cludod			
		·	•						Yes	No
	on Form 990, Part X? f "Yes," explain the arrangement in Part XIII a								_ 1es	NO
D I	Tes, explain the arrangement in Fart Am a	and complete the ic	mowning to	abie.					Amount	
c [Beginning balance						1c			-
	Additions during the year						1d			-
	Distributions during the year						1e			-
	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	No
	f "Yes," explain the arrangement in Part XIII.									—
Part										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ears back
1a F	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d (Grants or scholarships									
	Other expenditures for facilities									
á	and programs									
f /	Administrative expenses									
g E	End of year balance									
2 F	Provide the estimated percentage of the curre	ent year end baland	e (line 1g	g, column (a))) held as:					
a E	Board designated or quasi-endowment		%							
b F	Permanent endowment	%								
С	Term endowment	%								
٦	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a /	Are there endowment funds not in the posses	ssion of the organiz	ation that	t are held ar	nd administer	ed for the			<u> </u>	
	organization by:									es No
	i) Unrelated organizations?								3a(i)	+
									3a(ii)	-
	f "Yes" on line 3a(ii), are the related organizat								3b	
Part	VI Land, Buildings, and Equipme		owment fo	unds.						
rait	Complete if the organization answered		O Bort IV	lino 11a S	200 Form 000	Dort V lir	20.10			
									(al) De als s	.=1=
	Description of property	(a) Cost or of basis (investigation)			or other (other)		cumulate eciation	a	(d) Book v	/alue
10 '	and	,	inciri)	Dasis	(Girici)	чері	COIGLIOIT			
	_and	I								
								1		
~ I	Buildings			1 07	1 402	R	95 47	79.	175	923.
	Leasehold improvements Equipment				1,402.		95,47 42,49		-	<u>,923.</u> ,372.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 COMMUNITY A	SSOCIATIONS IN	ISTITUTE 2	23-7392984 _{Page} 3
Part VII Investments - Other Securities			i i i i i i i i i i i i i i i i i i i
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	664 005	GO G M	
(A) CASH EQUIVALENTS	664,095.	COST	m
(B) CERTIFICATES OF DEPOSITS	2,671,870.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000 Port V. line 10 col. (P))	3,335,965.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	3,333,303.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)	(a) Doon value	(0,	ond or your marries raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			664,249.
(2) OPERATING LEASE RIGHT-OF-U	JSE ASSET		2,710,577.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	<i>l. (B))</i>		3,374,826.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	3,069,755.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	3,069,755.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COMMUNITY	ASSOCIAT	IONS INSTIT	UTE				23-7392984
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "\	es" on Form 990, Part I	/, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations	-	-	e line 1 table				

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assista
ARSHIPS	8	6,603.	0.		
MOITED		0,003.	0.		
			4)		
Supplemental Information. Provide the information	ation required in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY ASSOCIATIONS INSTITUTE

 $Employer\ identification\ number \\ 23-7392984$

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-10		
	The second of the second and provide the applicable amounts for each field in the in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS SKIBA	(i)	453,981.	58,755.	0.	18,119.	22,524.	553,379.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAWN BAUMAN	(i)	289,049.	0.	0.	11,458.	9,266.	309,773.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRUCE TOWNSEND	(i)	235,078.	0.	0.	9,471.	11,724.	256,273.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRYSTAL WALLACE	(i)	189,669.	0.	0.	8,153.	13,554.	211,376.	0.
SR. VP - MEMBERSHIP & CHAPTER RELATI	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAUREN STRATTON	(i)	196,969.	0.	0.	4,177.	479.	201,625.	0.
DIRECTOR - SALES & STRATEGIC SPONSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVE JENNINGS	(i)	177,276.	0.	0.	7,100.	9,312.	193,688.	0.
VP - EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CORI CANADY	(i)	148,295.	2,571.	0.	6,194.	11,950.	169,010.	0.
VP - COMMUNICATIONS, MARKETING & CRE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATTHEW GREEN	(i)	148,027.	0.	0.	6,191.	1,230.	155,448.	0.
EXECUTIVE DIRECTOR - CAMICB	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY ASSOCIATIONS INSTITUTE

Employer identification number 23-7392984

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES, PROVIDES EDUCATION AND RESOURCES TO COMMUNITY ASSOCIATION

HOMEOWNER LEADERS, PROFESSIONAL MANAGERS, ASSOCIATION MANAGEMENT

COMPANIES, AND OTHER BUSINESSES AND PROFESSIONALS WHO PROVIDE PRODUCTS

AND SERVICES TO COMMUNITY ASSOCIATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

THERE ARE FOUR CLASSES OF MEMBERSHIP: HOMEOWNER LEADERS, COMMUNITY

MANAGERS, BUSINESS PARTNERS AND MANAGEMENT COMPANIES. MEMBERSHIP IN CAI IS

OPEN TO INDIVIDUALS, CORPORATIONS, PUBLIC AGENCIES, ASSOCIATIONS,

PARTNERSHIPS AND OTHER ENTITIES THAT SUBSCRIBE TO AND SUUPORT THE PURPOSE

AND OBJECTIVES OF CAI, ARE INTERESTED IN CAI'S ACTIVITIES, AND MEET THE

REQUIREMENTS FOR ONE OF THE CLASSES OF MEMBERS IN CAI.

FORM 990, PART VI, SECTION A, LINE 7A:

CAI HAS ESTABLISHED "MEMBERSHIP REPRESENTATION GROUPS" (SUB-BOARDS) TO
REPRESENT AND COMMUNICATE WITH THEIR SPECIFIC MEMBERSHIP CLASS(ES) IN ORDER
TO PROVIDE INPUT TO THE BOARD OF TRUSTEES ON POLICY MATTERS, TO APPOINT NEW
MEMBERS TO THE BOARD OF TRUSTEE, S AND TO PROVIDE RECOMMENDATIONS TO THE
NOMINATING COMMITTEE FOR AT-LARGE POSITIONS ON THE BOARD OF TRUSTEES. EACH
MEMBERSHIP REPRESENTATION GROUP IS COMPRISED OF MEMBERS WHO FALL WITHIN THE
GROUP'S REPRESENTED MEMBERSHIP CLASS, AND ARE ELECTED ANNUALLY BY THE CAI
MEMBERS WITHIN THE REPRESENTED CLASS USING INTERNET-BASED BALLOTING
ELECTIONS. CAI HAS THREE MEMBERSHIP REPRESENTATION GROUPS, AS FOLLOWS:

(1) "COMMUNITY ASSOCIATION MANAGERS COUNCIL" CONSISTS OF TWELVE MEMBERS

(1) "COMMUNITY ASSOCIATION MANAGERS COUNCIL" CONSISTS OF TWELVE MEMBERS

FROM EITHER THE COMMUNITY MANAGERS MEMBERSHIP CLASS OR THE DESIGNATED

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

COMMUNITY ASSOCIATIONS INSTITUTE

Employer identification number 23-7392984

REPRESNITATIVES OF THE MANAGEMENT COMPANIES MEMBERSHIP CLASS. THE COUNCIL SHALL APPOINT FOUR OF ITS MEMBERS TO SERVCE ON THE BOARD OF TRUSTEES.

- (2) "HOMEOWNER LEADERS COUNCIL: CONSISTS OF SIX MEMBERS FROM THE HOMEOWNER LEADERS MEMBERSHIP CLASS. THE COMMITTEE SHALL APPOINT TWO OF ITS MEMBERS TO SERVE ON THE BOARD OF TRUSTEES.
- (3) "BUSINESS PARTNERS COUNCIL" CONSISTS OF TWELVE MEMBERS FROM THE

 BUSINESS PARTNERS MEMBERSHIP CLASS. THE COUNCIL SHALL APPOINT TWO IF ITS

 MEMBERS TO SERVE ON THE BOARD OF TRUSTEES.

THE NOMINATING COMMITTEE SHALL CONSIST OF EIGHT MEMBERS OF THE ASSOCIATION
AND SHALL APPOINT THE FOUR "AT-LARGE" MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THERE IS AN ANNUAL MEETING OF THE MEMBERS OF CAI FOR THE TRANSACTION OF ANY NECESSARY BUSINESS DETERMINED BY THE BOARD OF TRUSTEES AND NOTIFIED TO THE MEMBERS AT LEAST THIRTY DAYS PRIOR TO THE MEETING. EACH MEMBER IS ENTITLED TO CAST ONE VOTE ON ALL MATTERS REQUIRED TO BE VOTED UPON BY MEMBERS. ANY TEN MEMBERS OF CAI PRESENT IN PERSON OR BY PROXY ARE DEEMED TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT THE MEETING. IN ADDITION, ANY PROPOSED 'MATERIAL' AMENDMENTS TO OR ALTERATIONS OF THE CAI BYLAWS REQUIRE THE AFFIRMATIVE VOTE OF THE AGGREGATE MAJORITY OF THE MEMBERS OF ALL MEMBERSHIP REPRESENTATION GROUPS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER AND THE DIRECTOR OF FINANCE REVIEW THE FORM 990

AND ALSO HAVE THE PROGRAM ARE HEADS UPDATED APPLICABLE SECTIONS AND

DESCRIPTIONS AS NEEDED. THE BOARD REVIEW A FULL COPY OF THE RETURN BEFORE
FILING.

Schedule O (Form 990) 2023 Page **2**

Name of the organization COMMUNITY ASSOCIATIONS INSTITUTE	Employer identification number 23-7392984
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD OF TRUSTEE MEMBERS AS WELL AS ALL OFFICERS AND K	EY EMPLOYEES ARE
REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT	AND DISCLOSE ANY
POTENTIAL ISSUES. OTHER EMPLOYEES SIGN AN ACKNOWLEDGEMENT	UPON HIRE THAT
THEY HAVE READ AND UNDERSTAND THE POLICIES, INCLUDING THE	CONFLICT OF
INTEREST POLICY, CONTAINED WITHIN THE EMPLOYEE HANDBOOK.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CHIEF EXECUTIVE OFFICER HAS AN ANNUAL REVIEW CONDUCTED	BY AN EXECUTIVE
COMMITTEE OF THE BOARD OF TRUSTEES. PUBLISHED NOT-FOR-PROF	IT SALARY
BENCHMARKS ARE UTILIZED IN THE DISCUSSION.	
FORM 990, PART VI, SECTION C, LINE 19:	
CAI'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY	ARE MADE
AVAILABLE TO THE GENERAL PUBLIC ONLY UPON WRITTEN REQUEST.	THE AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASSOCIATION'S WE	BSITE.

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITY ASSO	OCIATIONS INSTITUTE						Er	mployer identific 23-73929		umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	33.							
(a)	(b)	(c)		(d)		(e)			(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or		Total income		ne End-of-year ass				g
of disregarded entity		foreign country)						en	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part	: IV, line 34, b	pecause	it had one or	r more	e related tax-exer	npt	
(a)	(b)	(c)		(d)		(e)		(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Ex	empt Code	Publ	ic charity	Dire	ect controlling		512(b)(13) trolled
of related organization		foreign country)		section	status	(if section		entity	1	tity?
					50	1(c)(3))			Yes	No
COMMUNITY ASSOCIATIONS INSTITUTE PAC										
6402 ARLINGTON BLVD, STE 500										
FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	VIRGINIA	527							X
COMMUNITY ASSOCIATIONS INSTITUTE POLITICAL										
ACTION COMMITTEE - VA FUND, 6402 ARLINGTON	7									
BLVD, STE 500, FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	VIRGINIA	527							Х
COMMUNITY ASSOCIATIONS INSTITUTE PAC,										
ILLINOIS, 6402 ARLINGTON BLVD, STE 500,	7									
FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	ILLINOIS	527							Х
COMMUNITY ASSOCIATIONS INSTITUTE PAC, NEVADA										† <u></u>
6402 ARIJINGTON BLVD STE 500	7		1							

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

Schedule R (Form 990) 2023

FALLS CHURCH, VA 22042

POLITICAL ACTION COMMITTEE NEVADA

527

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	
				501(c)(3))		Yes	No
COMMUNITY ASSOCIATIONS INSTITUTE PAC -							
PENNSYLVANIA, 6402 ARLINGTON BLVD, STE 500,							
FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	PENNSYLVANIA	527				X
COMMUNITY ASSOCIATIONS INSTITUTE PAC -							
TENNESSEE, 6402 ARLINGTON BLVD, STE 500,							
FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	TENNESSEE	527				X
COMMUNITY ASSOCIATIONS INSTITUTE PAC -							
GEORGIA, 6402 ARLINGTON BLVD, STE 500, FALLS							
CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	GEORGIA	527				Х
COMMUNITY ASSOCIATIONS INSTITUTE PAC - UTAH							
6402 ARLINGTON BLVD, STE 500	1						
FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	UTAH	527				Х
COMMUNITY ASSOCIATIONS INSTITUTE PAC - NORTH							
CAROLINA, 6402 ARLINGTON BLVD, STE 500,	1						
FALLS CHURCH, VA 22042	POLITICAL ACTION COMMITTEE	NORTH CAROLINA	527				Х
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
		I .	I .	I	I	1	

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata		General (Percentage ownership
		country)		sections 512-514)		255015	Yes	No	K-1 (Form 1065)	Yes No	
										+	+
										$\perp \perp$	

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	ent	tion b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2023

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				1c	X
					Х
e Loans or loan guarantees by related organization(s)				1e	X
f Dividends from related organization(s)				1f	X
g Sale of assets to related organization(s)				1g	X
h Purchase of assets from related organization(s)					X
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
I Performance of services or membership or fundraising solicitations for related	d organization(s)			. 11	X
m Performance of services or membership or fundraising solicitations by related	J organization(s)			1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related orga					X
Sharing of paid employees with related organization(s)				10	X
p Reimbursement paid to related organization(s) for expenses				1p	X
q Reimbursement paid by related organization(s) for expenses				1q	X
r Other transfer of cash or property to related organization(s)				1r	X
s Other transfer of cash or property from related organization(s)	<u></u>			1s	X
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered relati	onships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
32163 09-28-23			Schedul	e R (Form 9	90) 2023

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2023

Form	990-T	E	Exempt Organization Busine	ess Income Tax P	eturn	OMB No. 1545-0047
			(and proxy tax under se	` ''		0000
		For ca	alendar year 2023 or other tax year beginning $\ \underline{\mathtt{JUL} \ \ 1} , \ \ 20$	23 , and ending JUN 30	<u>, 2024</u> .	 2023
Departr Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructi Do not enter SSN numbers on this form as it may be ma			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name change	d and see instructions.)	D En	nployer identification number
B Exe	empt under section	Print	COMMUNITY ASSOCIATIONS IN	STITUTE	:	23-7392984
	501(c)(6)	or	Number, street, and room or suite no. If a P.O. box, see		E Gr	oup exemption number ee instructions)
	408(e) 220(e)	Type	6402 ARLINGTON BLVD, 500		,50	or mod dodono)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or forei FALLS CHURCH, VA 22042	gn postal code	F	Check box if
	. ,	СВо	ook value of all assets at end of year	18,431,465.		an amended return.
G C	heck organization		X 501(c) corporation 501(c) trust	401(a) trust Other trus	t State	e college/university
			6417(d)(1)(A) Applicable entity			
Н С	heck if filing only to	o claim	Credit from Form 8941 Refund sho	wn on Form 2439 Electi	ve payment am	ount from Form 3800
<u>I</u> C	heck if a 501(c)(3)	organiz	zation filing a consolidated return with a 501(c)(2) tit	eholding corporation		
J E	nter the number of	attach	ned Schedules A (Form 990-T)			2
K D	uring the tax year,	was th	e corporation a subsidiary in an affiliated group or a	parent-subsidiary controlled gr	oup?	Yes X No
			nd identifying number of the parent corporation			
	ne books are in ca		THE ASSOCIATION	Telephone num	per (703	3) 970-9220
Par			d Business Taxable Income			
1	Total of unrelated	d busin	ess taxable income computed from all unrelated tra	des or businesses (see instruct		0.
2	Reserved				2	
3	Add lines 1 and 2					
4			s (see instructions for limitation rules)			0.
5			s taxable income before net operating losses. Subtr	act line 4 from line 3		
6		•			<u>6</u>	
7			ess taxable income before specific deduction and s	ection 199A deduction.		
	Subtract line 6 from					1 000
8			erally \$1,000, but see instructions for exceptions)			1,000.
9			eduction. See instructions			1 000
10			lines 8 and 9			-
11 Par			xable income. Subtract line 10 from line 7. If line 10) is greater than line 7, enter ze	o 11	0.
1			as corporations. Multiply Part I, line 11 by 21% (0.		<u>1</u>	0.
2			rates. See instructions for tax computation. Incom			
_			Tax rate schedule or Schedule D (Form			-
3	Proxy tax. See in					-
4			nstructions			-
5	Alternative minim	ium tax	·		5	_
6			facility income. See instructions			0.
7 Par	t III Tax and	Pavn	gh 6 to line 1 or 2, whichever applies		7	0.
1a			orations attach Form 1118; trusts attach Form 1116) 1 a		
b	Other credits (see					
	•		actions) . Attach Form 3800 (see instructions)			
c d			imum tax (attach Form 8801 or 8827)			
e	Total credits. Ac				1e	
2			s 1a through 1d art II, line 7			0.
2 3a	Amount due from		4055			•
b	Amount due from		0014			
2	Amount due from		0007			
d	Amount due from		0000			
e	Other amounts d					
f		•	d lines 3a through 3e		3f	0.
4	Total tay Add lir	165 2 21	nd 3f (see instructions). Check if includes tax	previously deferred under		•
-			ax amount here		4	0.
5			ility paid from Form 965-A, Part II, column (k)			0.

Form 990-T (2023) Page :

Form 9										Pa	age 2
Part		Tax and Payments (continued)									
6 a	Paym	ents: Preceding year's overpayment credite	ed to the current year		. 6a						
b	Curre	ent year's estimated tax payments. Check if	section 643(g) election								
	applie	es			_ 6b						
С	Tax d	leposited with Form 8868			6c						
d	Foreig	gn organizations: Tax paid or withheld at so									
е		up withholding (see instructions)									
f		t for small employer health insurance premi									
g		ve payment election amount from Form 380									
h		ent from Form 2439						-			
i		t from Form 4136						-			
:								-			
, 7		r (see instructions)payments. Add lines 6a through 6j						7			
7											
8		ated tax penalty (see instructions). Check if						8			
9		lue. If line 7 is smaller than the total of lines						9			
10		payment. If line 7 is larger than the total of		ount overp	oaid			10			
11 Part	Enter	the amount of line 10 you want: Credited	to 2024 estimated tax	formati	ion (Refu	nded	11			
		Statements Regarding Certain A									
1		y time during the 2023 calendar year, did th			-		•			/es	<u>No</u>
		a financial account (bank, securities, or othe	, ,	,	•	,					
	FinCE	EN Form 114, Report of Foreign Bank and F	Financial Accounts. If "Yes,	" enter the	e name of	f the foreign co	untry				
	here									_	<u>X</u>
2	During	g the tax year, did the organization receive	a distribution from, or was	it the gran	ntor of, or	transferor to, a	a				
	foreig	n trust?								_	_X_
		s," see instructions for other forms the orga	-								
3	Enter	the amount of tax-exempt interest received	d or accrued during the tax	year		\$_					
4	Enter	available pre-2018 NOL carryovers here	\$	Do not	include a	ny post-2017 N	OL car	ryover			
	show	n on Schedule A (Form 990-T). Don't reduce	e the NOL carryover showr	n here by a	any dedu	ction reported o	on Part	I, line	6.		
5	Post-2	2017 NOL carryovers. Enter the Business A	activity Code and available	post-2017	NOL car	ryovers. Don't i	reduce				
	the ar	mounts shown below by any NOL claimed o	on any Schedule A, Part II,	line 17 for	the tax y	/ear. See instru	ctions.				
		Business Activity Code	9		Ava	ilable post-201	7 NOL	carryo	ver		
		5418	00		\$			52,8	863.		
		5418	00		\$		2	36,0	614.		
					\$						
6 a	Reser	rved for future use									
b		rved for future use									
Part		Supplemental Information								- '	
		dditional information. See instructions.									
	, u., u.										
		nder penalties of perjury, I declare that I have examined this					/ knowled	dge and b	elief, it is true,		
Sign	co	prrect, and complete. Declaration of preparer (other than tax	xpayer) is based on all information o	f which prepa	rer has any l	knowledge. VCTAT,	_				
Here			1	FFICE					3 discuss this re r shown below (th
	Si	ignature of officer	Date Title						s)? X Yes		No
		i i	Preparer's signature	Ti	Date	Check	i				110
.		Time type proparet a tiatile	τορατοι ο οιγπαταισ	'	σαισ	self-emp		· r · · · ·	IV.		
Paid		GLENN MILLER, CPA G	LENN MILLER,	CDA 1	1/06		noyeu	ь	000867	26	
Prepa		TITCHTED CD1C T	LP	CIA I	/ 00	· I	EINI		9-097 4		
Use C	nly	Firm's name WEGNER CPAS L. 419 N LEE S				Firm's	LIIV	<u> </u>	J 0914	0 0 1	
		1	VA 22314-2301	1		Dhono	_{no} /	703) 519-	n a a	0
		Firm's address ALEXANDRIA,	VA 44314-430.	_		Phone	110. (103	Form 990		
									Form 990	,- ı (2	2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization COMMUNITY ASSOCIATIONS INSTITUTE			B Employer 23 – 73	identification 392984	
c Unrelated business activity code (see instructions) 54180	00		D Sequence	e: 1	of 2
E Describe the unrelated trade or business ADVERTISING					
Part I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a Gross receipts or sales					
b Less returns and allowances c Balance	1c				
2 Cost of goods sold (Part III, line 8)	2				
3 Gross profit. Subtract line 2 from line 1c	3				
4a Capital gain net income (attach Schedule D (Form 1041 or Form					
1120)). See instructions	4a				
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach					
statement)	5				
6 Rent income (Part IV)	6				
7 Unrelated debt-financed income (Part V)	7				
8 Interest, annuities, royalties, and rents from a controlled					
organization (Part VI)	8				
9 Investment income of section 501(c)(7), (9), or (17)					
organizations (Part VII)	9				
10 Exploited exempt activity income (Part VIII)	10				
11 Advertising income (Part IX)	11	624,924.	524,8	311.	100,113.
12 Other income (see instructions; attach statement)	12				
13 Total. Combine lines 3 through 12	13	624,924.	524,8	311.	100,113.
Part II Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business in		r limitations on dec	luctions. Dec	luctions	must be
1 Compensation of officers, directors, and trustees (Part X)				1	
2 Salaries and wages				2	
3 Repairs and maintenance				3	
4 Bad debts				4	
5 Interest (attach statement). See instructions				5	
6 Taxes and licenses				6	
7 Depreciation (attach Form 4562). See instructions					
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9 Depletion				9	
10 Contributions to deferred compensation plans				10	
11 Employee benefit programs				11	
12 Excess exempt expenses (Part VIII)				12	
13 Excess readership costs (Part IX)				13	107,829.
14 Other deductions (attach statement)		SEE STATI	EMENT 1	14	3,000.
15 Total deductions. Add lines 1 through 14				15	110,829.
16 Unrelated business income before net operating loss deduction. S	Subtract li	ne 15 from Part I, line 1	3,		
column (C)				16	-10,716.
17 Deduction for net operating loss. See instructions				17	0.
18 Unrelated business taxable income. Subtract line 17 from line 1	6			18	-10,716.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Pac	ıe	4

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	ın		Page Z
1		and of inventory valuation		1	_
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Propert	y Leased With Re	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check it	a dual-use. See instruc	ctions.	
	Α				_
	В				_
	c				
	D				
		Α	В	С	<u>D</u>
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
					0
5 Part	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income		ine 6, column (B)		0.
1	Description of debt-financed property (street address,		act if a dual usa. Can in	naturations.	
'	A Street address,	city, state, ZIP codej. On	eck ii a dual-use. See ii	istructions.	
	в —				
	c —				
	D				_
		A	В	С	
2	Gross income from or allocable to debt-financed			•	
_	property				
3	Deductions directly connected with or allocable				
·	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	70	70
8	Total gross income (add line 7, columns A through D	,	L line 7 column (Δ)		0.
J	Total gross moome (add line 1, columns A timough D	,. Lintor Here and Off Part	i, iii o 7, colui i i i (A)		<u>··</u>
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Fnter here and	on Part I, line 7, column		0.
11	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2023 Page

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (s	ee instruct	ions)		Page .
	-	-					Exempt Contro					
	Name of controlle organization	d	2. Employer identification number	identification income		unrelated ne (loss) structions) 4. Total of specific payments made		5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
		1	No	1	Controlled O	-						
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	1	otal of specif yments mad		that is inc controlling gross	luded	in the zation's		coni	uctions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
T							Add colum Enter here line 8, c	and or	n Part I, ı (A).	Ente	er he	umns 6 and 11. re and on Part I, , column (B).
Totals Part	VII Investment	Income	of a Section 50	1(c)(7) (9) or (17)	Organ	ization (s	oo ino	0. tructions)			0.
		cription of		.(0)(1))	2. Amou incon	nt of	3. Deduction directly connuctation (attach state)	ons ected		asides tatemer	nt)	. Total deductions and set-asides (add cols 3 and 4)
(1)											_	
(2)												
(3)												
(4) Totals					Add amou column 2 here and or line 9, colu	Enter n Part I,						Add amounts in column 5. Enter nere and on Part I, line 9, column (B).
Part	VIII Exploited E	xempt /	Activity Income,	Other 1	Than Adve	ertising	g Income	see in	structions)			
1	Description of exploite								,			
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	th production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable	to income	entered on line 5							6		
7	Excess exempt expen			6, but do no	ot enter more	e than th	ne amount on I	ine				
	1 Enter here and an F	Oort II lino	10							1 7 1		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on	a consolidated basis.		
	A STMT 5				
	В 🔲				
	c 🔲				
	D				
Enter a	amounts for each periodical listed above in the o	corresponding column.			
		Α	В	С	D
2	Gross advertising income				604.004
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			624,924.
а				<u> </u>	
3	Direct advertising costs by periodical				E04 011
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			524,811.
4	Advantaing sain (loss) Cubtrast line 2 from lin	•			
4	Advertising gain (loss). Subtract line 3 from lin 2. For any column in line 4 showing a gain,	e			
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
		·			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	ss			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a columns t	total or -0- here and on		4.0-
	Dort II line 12				107,829.
D 1	Part II, line 13				
Part		ectors, and Trustees	(see instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Dir. 1. Name	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted	4. Compensation attributable to
	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business	4. Compensation
1)	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X Compensation of Officers, Direction 1. Name	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4) Total	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Directors Name Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T	' (A)		OTHER DEDU	JCTIONS	STATEMENT 1
DESCRIPTIO	N				AMOUNT
ACCOUNTING	- FEES				3,000.
TOTAL TO S	CHEDULE A	A, PART II,	LINE 14		3,000.
990-T SCH	A	POST-201	7 NET OPERAT	ING LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SU	JSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/22		9,030. 38,795. 17,729.	9,030 3,663		0. 35,134. 17,729.
NOL CARRYO	VER AVAIL	ABLE THIS	YEAR	52,863.	52,863.

FORM S	990-T (A)	PART IX -	INCOME FRO	M PERIODIC	CALS	STAT	TEMENT 5
CONS BASIS	NAME OF PERIODICAL	GROSS ADV	DIRECT ADV COST	GAIN (LOSS)	CIRC INCOME	RDRSHIP COSTS	EXCESS RDRSHIP COSTS ALLOWED
	COMMON GROUND COMMUNITY	281,817.	173,988.	107,829.	109,758.	352,891.	107,829.
	MANAGER CAI @ HOME BUSINESS	91,478. 16,000.	•	-978. -18,379.			
	SPOTLIGHT EDUCATION	119,689.	130,531.	-10,842.			
	CATALOG HOA	10,000.	19,224.	-9,224.			
	RESOURCES	105,940.	74,233.	31,707.	41,260.		
TO FM	SCHA, PART IX	624,924.	524,811.	100,113.	151,018.	352,891.	107,829.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

2023

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY ASSOCIATIONS INSTITUTE

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

23-7392984

C Unrelated business activity code (see instructions) 54180	0		D Sequence: 2	2 of 2
E Describe the unrelated trade or business WEBSITE ADVE	ERTIS	ING		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10	63,440.	455,730.	-392,290.
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	63,440.	455,730.	-392,290.
Part II Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ncome			
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		1 1		
8 Less depreciation claimed in Part III and elsewhere on return		1 1	8b	
9 Depletion			9	
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)			14	
15 Total deductions. Add lines 1 through 14			15	0.
Unrelated business income before net operating loss deduction. S column (C)				-392,290.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 1				-392,290.
or Paperwork Reduction Act Notice, see instructions.				e A (Form 990-T) 2023

Pac	ıe	4

Schedu Part		(Form 990-T) 2023				Page
			er method of inventory va			
1						
2		chases				
3	Cost	t of labor			3	
4		itional section 263A costs (attach statement)				
5		er costs (attach statement)				
6 7		al. Add lines 1 through 5			_	
8		ntory at end of year t of goods sold. Subtract line 7 from line 6. I		no 0		
9		he rules of section 263A (with respect to pro				Yes No
Part		Rent Income (From Real Property				100110
1	Desc	cription of property (property street address,	-	-		
•	A		, ,			
	в 🗏					
	сΓ					
	DΓ					
	_		Α	В	С	D
2	Rent	t received or accrued				
а	Fron	n personal property (if the percentage of				
		for personal property is more than 10%				
	but r	not more than 50%)				
b		n real and personal property (if the				
	perc	entage of rent for personal property exceeds	;			
	50%	or if the rent is based on profit or income)				
С	Tota	Il rents received or accrued by property.				
	Add	lines 2a and 2b, columns A through D				
3	Tota	l rents received or accrued. Add line 2c, colu	ımns <u>A through D. Enter I</u>	nere and on Part I, line 6,	column (A)	0.
	Ded	uctions directly connected with the income				
4	in lin	nes 2a and 2b (attach statement)				
						•
5		al deductions. Add line 4, columns A through	h D. Enter here and on Pa	art I, line 6, column (B)		0.
Part '	-	Unrelated Debt-Financed Incom	,			
1		cription of debt-financed property (street add	ress, city, state, ZIP code	e). Check if a dual-use. Se	e instructions.	
	A					
	В					
	C	┦				
	D L					
•	0		A	В	С	D
2		ss income from or allocable to debt-financed				
2		perty				
3		uctions directly connected with or allocable				
_		ebt-financed property				
a		ight line depreciation (attach statement)				
b		er deductions (attach statement)				
С		Il deductions (add lines 3a and 3b,				
4		mns A through D)				
4		ount of average acquisition debt on or allocab	I			
_		ebt-financed property (attach statement)				
5		rage adjusted basis of or allocable to debt-				
6		nced property (attach statement)	I	% %	5	6 9
6 7		de line 4 by line 5		70 %	y 9	9
7 8		ss income reportable. Multiply line 2 by line 6 al gross income (add line 7, columns A throu	•	Part Llipo 7 column (A)		0.
o	rota	ii gross income (add illie 7, columns A throu	agn שן. בווגפו וופופ and on	raiti, iiile 1, coluitiii (A)		<u> </u>
9	۸۱۱۵۵	cable deductions. Multiply line 3c by line 6				
	AIIUU	babic deductions. Multiply life of by life 0			1	1
9 10	Tota	al allocable deductions. Add line 9, columns	S A through D Enter here	and on Part I line 7 colu	ımn (B)	0.

Schedule A (Form 990-T) 2023 Page 3

Part \	/I Interest, Annu	iities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see i	instruct	ions)	rage o
						E	xempt Contro	led Orgar	nization	S	
	Name of controller organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	5. Part that is incontrollition's gi	cluded ng orga	in the iniza-	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
	Tavabla la sausa				Controlled Or	-	1	-£!		44.5	and and aliments.
7.	Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc		the	С	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											_
(4)											
							Add colum Enter here line 8, c		art I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B).
Totals									0.		0.
Part \	/II Investment	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee instruc	ctions)		
	1. Desc	cription of	income		2. Amou incom		3. Deduction directly connected (attach states	ected (at	4. Set- ttach st	asides atement	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınto in					Add amounts in
Totals					column 2. here and or line 9, colu	Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B).
Part \	/III Exploited E	xempt A	Activity Income,	Other T	han Adve		Income	see instru	uctions)		
1	Description of exploite								2 21.13)		
	Gross unrelated busin				r here and or	n Part I,	line 10, columi	n (A)		2	63,440.
	Expenses directly con										
										3	455,730.
4	Net income (loss) from										
										4	-392,290.
	Gross income from ac									5	0.
	Expenses attributable									6	0.
	Excess exempt expen									_	0
	Enter here and on F	art II, line	12							7	U •

Schedule A (Form 990-T) 2023

	Pa		2 <u>4</u>	
			_	
)			_	
		0	<u> </u>	
			_	
		0	<u>•</u>	
			_	

Part	IX Advertising Incom	me				у
1	Name(s) of periodical(s). Che	eck box if reporting two	or more periodicals on a	a consolidated basis		
	A					
	В 🗌					
	c 🗌					
	D					
Enter a	amounts for each periodical lis	sted above in the corre	sponding column.	_		
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. E	Enter here and on Part	I, line 11, column (A)			0.
а				_		
3	Direct advertising costs by p	periodical				
а	Add columns A through D. E	Enter here and on Part	I, line 11, column (B)			0.
4	Advertising gain (loss). Subti	ract line 3 from line				
	2. For any column in line 4 s	howing a gain,				
	complete lines 5 through 8.	For any column in				
	line 4 showing a loss or zero	, do not complete				
	lines 5 through 7, and enter	-0- on line 8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If I					
	line 5, subtract line 6 from line					
	than line 6, enter -0-					
8	Excess readership costs allo	owed as a				
	deduction. For each column					
	line 4, enter the lesser of line		· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through	gh D. Enter the greater	of the line 8a columns to	otal or -0- here and o	n	_
	Part II, line 13	4.040				0.
Part	X Compensation of	T Oπicers, Directo	ors, and Trustees	(see instructions)	<u> </u>	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
T-4-1	Coton bana and an Dort II line	. 4				0.
Part	Enter here and on Part II, line XI Supplemental Inf					<u> </u>
Part	Ni Supplemental in	ioiiiatioii (see inst	ructions)			
						_
						adula A (Farm 000 T) 0002

455,730.

455,730.

	A POST-201	L7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22 06/30/23	60,952. 175,662.	0.	60,952. 175,662.	60,952. 175,662.
NOL CARRYO	OVER AVAILABLE THIS	YEAR	236,614.	236,614.
	 			
FORM 990-1	` ,	EXPENSES DIRECTLY OF UNRELATED BUS:		STATEMENT 4
FORM 990-1	PRODUCTION		INESS INCOME /ITY	STATEMENT 4

- SUBTOTAL - 1

TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3