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Short Form
Return of Organization Exempt From Income Tax

2009

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable	C Name of organization CONSTRUCTION MANAGEMENT ASSOCIATION OF AMERICA FOUNDATION, INC.		D Employer identification number 54-1803080
Address change	Number and street (or P O box, if mail is not delivered to street address) 7926 JONES BRANCH DRIVE, STE 800		Room/suite (703) 356-2622
Name change	City or town, state or country, and ZIP + 4 MCLEAN, VA 22102		F Group Exemption Number ►
Initial return			
Termination			
Amended return			
Application pending			

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► WWW.CMAANET.ORG/FOUNDATION

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) or 527
K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 67,108.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 44,107.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 453.
	5 a Gross amount from sale of assets other than inventory	5a 9,546.
	b Less cost or other basis and sales expenses	5b 9,424.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 122.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ►	6
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 12,978.
	b Less direct expenses other than fundraising expenses	6b 12,242.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 736.
	7 a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8 24.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 45,442.
Expenses	10 Grants and similar amounts paid (attach schedule)	10 13,724.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 0.
	13 Professional fees and other payments to independent contractors	13 5,799.
	14 Occupancy, rent, utilities, and maintenance	14 138.
	15 Printing, publications, postage, and shipping	15 621.
	16 Other expenses (describe ►)	16 15,952.
	17 Total expenses. Add lines 10 through 16	17 36,234.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9,208.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 425,176.
	20 Other changes in net assets or fund balances (attach explanation)	20 5,626.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 440,010.
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	367,688.	22 296,909.
23	Land and buildings		23
24	Other assets (describe ►)	233,924.	24 213,989.
25	Total assets	601,612.	25 510,898.
26	Total liabilities (describe ►)	176,436.	26 70,888.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	425,176.	27 440,010.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? ATC 10

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 AWARDS - RAISING AND DISTRIBUTING FUNDS FOR ACADEMIC SCHOLARSHIPS AND INDUSTRY RESEARCH RELATED TO CONSTRUCTION MANAGEMENT.

(Grants \$ 13,724.) If this amount includes foreign grants, check here ► 28a

16,542.

29 ATTACHMENT 11

(Grants \$ 0 .) If this amount includes foreign grants, check here ► 29a

12,455.

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

31a
(Grants \$) If this amount includes foreign grants, check here ►

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ATTACHMENT 12		- 0 -	- 0 -	- 0 -

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► ANNA BRENT Telephone no ► 703-356-2622 Located at ► 7926 JONES BRANCH DRIVE MCLEAN, VA ZIP + 4 ► 22102	42b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 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 Yes No 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No 48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a

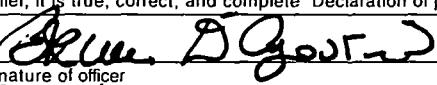
b If "Yes," was the related organization a section 527 organization? Yes No 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000 ► NONE				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors receiving over \$100,000 ► NONE		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	► 	11/10/10
► Signature of officer		
► 	Date	
► Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ► 	Date 11/10/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed). ► WATKINS MEEGAN LLC	EIN 52-1297695	Phone no 301-654-7555	
address, and ZIP + 4 ► 7700 WISCONSIN AVENUE, # 500 BETHESDA, MD				

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Form 990-EZ (2009)

Public Charity Status and Public Support

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization CONSTRUCTION MANAGEMENT
ASSOCIATION OF AMERICA FOUNDATION, INC.

Employer identification number
54-1803080

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	91,132	97,627	295,563	100,301	44,107	628,730
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	91,132	97,627	295,563	100,301	44,107	628,730
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						103,695
6 Public support. Subtract line 5 from line 4						525,035

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	91,132	97,627	295,563	100,301	44,107	628,730
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,188	7,922	8,847	3,268	453	22,678
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1.	0	0	0	540	24	564
11 Total support. Add lines 7 through 10 . . .						651,972
12 Gross receipts from related activities, etc (see instructions)					12	64,749
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.53%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.46%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS INCOME	0	0	0	540	24	564
TOTALS	0	0	0	540	24	564

ATTACHMENT 2FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	453.
TOTAL	<u>453.</u>

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING RECEPTION	12,978.	12,242.	736.
TOTALS	<u><u>12,978.</u></u>	<u><u>12,242.</u></u>	<u><u>736.</u></u>

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING RECEPTION	12,978.	12,242.	736.
TOTALS	<u><u>12,978.</u></u>	<u><u>12,242.</u></u>	<u><u>736.</u></u>

ATTACHMENT 4

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS INCOME 24.

TOTALS _____ 24.

ATTACHMENT 5FORM 990EZ, PART I - OTHER EXPENSES

PROGRAM EXPENSE	12,455.
SCHOLARSHIP TRAVEL	2,818.
OTHER EXPENSES	679.
 TOTAL	 <u>15,952.</u>

ATTACHMENT 6FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCESINCREASES IN FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS	5,626.
TOTAL	<u>5,626.</u>

ATTACHMENT 7FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	350,262.	273,628.
INVESTMENTS - SECURITIES	17,426.	23,281.
TOTALS	<u>367,688.</u>	<u>296,909.</u>

ATTACHMENT 8FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	2,425.	6,050.
PLEDGES RECEIVABLE	178,793.	131,943.
LESS: ALLOWANCE FOR DOUBTFUL ACCOUNTS	350.	350.
DUE TO/FROM AFFILIATE	53,056.	76,346.
 TOTALS	 <u>233,924.</u>	 <u>213,989.</u>

ATTACHMENT 9FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	40,641.	3,000.
CHAPTER CONTRIBUTIONS	135,795.	67,888.
TOTALS	<u>176,436.</u>	<u>70,888.</u>

ATTACHMENT 10FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE FOUNDATION IS TO RECEIVE AND ADMINISTER FUNDS FOR EDUCATIONAL, RESEARCH, AND LITERARY PURPOSES RELATED TO CONSTRUCTION MANAGEMENT.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 2ATTACHMENT 11

FOUNDATION CAREER VIDEO - THE VIDEOS WERE DESIGNED TO PROMOTE CAREERS IN CONSTRUCTION MANAGEMENT TO YOUNG PEOPLE. THEY ARE SHOWN DURING CAREER DAY PROMOTIONS AT HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES THROUGHOUT THE COUNTRY.

CONSTRUCTION MANAGEMENT

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

54-1803080

ATTACHMENT 12

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>		<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
	<u>PRESIDENT</u>	<u>2.00</u>			
BRUCE D'AGOSTINO 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	<u>CHAIR</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
CHRISTINE KEVILLE 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	<u>ASSISTANT TREASURER</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
Laura Blake 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	<u>DIRECTOR</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
CHARLES KLUENKER 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	<u>DIRECTOR</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
JOSEPH P. MCATEE 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	<u>DIRECTOR EMERITUS</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
CHRISTOPHER E. RESEIGH 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	<u>DIRECTOR EMERITUS</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
CHRISTINE FLAHERTY 7926 JONES BRANCH DRIVE, STE 800	<u>DIRECTOR</u>	<u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

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ATTACHMENT 12

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
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MCLEAN, VA 22102

D. J. MASON
7926 JONES BRANCH DRIVE, STE 800
MCLEAN, VA 22102

0.
CMAA LIAISON
2.00

RANDY LARSON
7926 JONES BRANCH DRIVE, STE 800
MCLEAN, VA 22102

0.
SECRETARY/TREASURER
2.00

JAMES W. MITCHELL
7926 JONES BRANCH DRIVE, STE 800
MCLEAN, VA 22102

0.
DIRECTOR
2.00

BRIAN C. MOORE
7926 JONES BRANCH DRIVE, STE 800
MCLEAN, VA 22102

0.
DIRECTOR
2.00

STEVEN A. ROUTON
7926 JONES BRANCH DRIVE, STE 800
MCLEAN, VA 22102

0.
DIRECTOR
2.00

LARRY ZIMMERMAN
7926 JONES BRANCH DRIVE, STE 800
MCLEAN, VA 22102

0.
DIRECTOR
2.00

CONSTRUCTION MANAGEMENT

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

54-1803080

ATTACHMENT 12 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ED BOND 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	DIRECTOR 2.00	0.	0.	0.	0.
LARRY CASEY 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	DIRECTOR 2.00	0.	0.	0.	0.
KURT GODDARD 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	DIRECTOR 2.00	0.	0.	0.	0.
DARRELL FERNANDEZ 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	DIRECTOR 2.00	0.	0.	0.	0.
ROBERT FRAGA 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	DIRECTOR 2.00	0.	0.	0.	0.
CHARLIE J. HERNDON 7926 JONES BRANCH DRIVE, STE 800 MCLEAN, VA 22102	DIRECTOR 2.00	0.	0.	0.	0.
ROBERT E. HOLT, JR. 7926 JONES BRANCH DRIVE, STE 800	DIRECTOR 2.00	0.	0.	0.	0.

NAME AND ADDRESS

MCLEAN, VA 22102

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

COMPENSATION
TO POSITION
DEVOTED TO POSITION

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT.
AND OTHER
ALLOWANCES

GRAND TOTALS

0.

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0.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CONSTRUCTION MANAGEMENT ASSOCIATION OF AMERICA FOUNDATION, INC.	Employer identification number 54-1803080
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 7926 JONES BRANCH DRIVE, STE 800	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCLEAN, VA 22102	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► LAURA BLAKE

Telephone No. ► 703 356-2622 FAX No. ► 703 356-6388

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► . If it is for part of the group, check this box . . ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2009 or
► tax year beginning , , and ending , .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization CONSTRUCTION MANAGEMENT ASSOCIATION OF AMERICA, INC.	Employer identification number 31-1044306
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7926 JONES BRANCH DRIVE, STE 800	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCLEAN, VA 22102	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

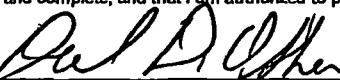
- The books are in the care of ► BRUCE D'AGOSTINO
Telephone No. ► 703 356-2622 FAX No. ► 703 356-6388
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2010.
- For calendar year 2009, or other tax year beginning and ending .
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 
Title ► CPA Date ► 8/6/10
WATKINS MEEGAN LLC
7700 WISCONSIN AVENUE, SUITE 500
BETHESDA, MD 20814

Form 8868 (Rev. 4-2009)