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Form 990-EZ

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545 1150

ENVELOPE

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

Department of the Treasury  
Internal Revenue Service

2009

Open to Public  
Inspection

POSTMARK DATE

A For the 2009 calendar year, or tax year beginning

4/01

, 2009, and ending

3/31

, 2010

B Check if applicable

 Address change Name change Initial return Termination Amended return Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C  
THE VALLEY OF THE SUN CHAPTER OF THE  
CONSTRUCTION FINANCIAL MGMT ASSOCIATION  
PO BOX 7703  
PHOENIX, AZ 85011-7703

D Employer identification number

86-0556988

E Telephone number

480-424-7855

F Group Exemption Number

► 9139

• 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.CFMA.ORG/VALLEYOFTHE SUN](http://WWW.CFMA.ORG/VALLEYOFTHE SUN)

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) ( 6 ) (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 ► \$ 164,988.

**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	1
	2 Program service revenue including government fees and contracts	2	99,208.
	3 Membership dues and assessments	3	17,445.
	4 Investment income	4	696.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	46,879.
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	17,642.
	b Less. direct expenses other than fundraising expenses	6c	29,237.
EXPENSES	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less. cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	760.
	8 Other revenue (describe ► SEE STATEMENT 1)	9	147,346.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
	10 Grants and similar amounts paid (attach schedule)	SEE STATEMENT 2	10 26,196.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	31,018.
ASSETS	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► SEE STATEMENT 3)	16	83,194.
	17 Total expenses. Add lines 10 through 16	17	140,408.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,938.
	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	60,236.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 21		67,174.

**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.

BALANCE SHEET	16 (See the instructions for Part II.)	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments <i>07/12/2010</i>	83,511.	22 94,145.
	23 Land and buildings	23	
	24 Other assets (describe ► SEE STATEMENT 4) <i>PRESNO, CA</i>	11,545.	24 9,888.
	25 Total assets	95,056.	25 104,033.
	26 Total liabilities (describe ► SEE STATEMENT 5)	34,820.	26 36,859.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,236.	27 67,174.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED AUG 10 2010

TEEA0803L 01/30/10

Form 990-EZ (2009)

25

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

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, or other relevant information for each program title.

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

28 SEE STATEMENT 7

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

28 a

29 ANNUAL SALARY SURVEY - EACH YEAR THE ASSOCIATION COMPILES AND  
PREPARES A COMPENSATION SURVEY OF CONSTRUCTION COMPANIES IN  
ARIZONA.

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

29a

30 SEE STATEMENT 8

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

30a

31 Other program services (attach schedule) SEE STATEMENT 9

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

31 a

**32 Total program service expenses** (add lines 28a through 31a)

32

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes  
 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

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?  
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

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 Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.  
 b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter

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 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

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

41 List the states with which a copy of this return is filed ► **AZ**

42a The organization's books are in care of ► **ANNETTE JOHNSON** Telephone no ► **480-424-7855**  
 Located at ► **5650 W. CHANDLER BLVD, SUITE 2 CHANDLER AZ** ZIP + 4 ► **85226**

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: ►

42b	Yes	No
	X	

  

42c		
		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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

►  **N/A**  
 **N/A**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44	Yes	No
	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		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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.	
	Signature of officer	Date
	Kristine M Roe, President	
Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	► Rayleen T. Colletti CPA	Date	6-17-2010	Check if self employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
	Firm's name (or yours if self employed), address, and ZIP + 4	HUNTER HAGAN & COMPANY, LTD.	EIN	N/A				
	► 4110 N SCOTTSDALE RD STE 200	SCOTTSDALE, AZ 85251-3635	Phone no	(480) 946-0751				

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
Form 990-EZ (2009)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2009

**Open to Public  
Inspection**

Name of the organization THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION

Employer identification number  
86-0556988

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	46,879.			46,879.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	46,879.			46,879.
DIRECT EXPENSES	4 Cash prizes	2,200.			2,200.
	5 Noncash prizes				
	6 Rent/facility costs	15,126.			15,126.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	316.			316.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				17,642.
	11 Net income summary. Combine lines 3, column (d) and line 10				29,237.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

YES	NO
9a	
10a	
11	
12	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name. ► \_\_\_\_\_

Address. ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.
- c If 'Yes,' enter name and address of the third party

Name. ► \_\_\_\_\_

Address. ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided. ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ \_\_\_\_\_

17a

2009

## FEDERAL STATEMENTS

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THE VALLEY OF THE SUN CHAPTER OF THE  
CONSTRUCTION FINANCIAL MGMT ASSOCIATION

86-0556988

STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

SCHOLARSHIP REFUND

TOTAL \$ 760.  
\$ 760.STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	INTERNSHIP SCHOLARSHIP WILSON ELECTRIC SERVICE CORP.	\$ 486.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	STUDENT SCHOLARSHIPS ASU FOUNDATION-DEL E. WEBB SCHOOL CONST	\$ 1,000.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	ORGANIZATION SPONSORSHIP ICCIFF	\$ 1,000.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	STUDENT SCHOLARSHIPS CYNTHIA BARELA	\$ 2,500.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	CONFERENCE SCHOLARSHIP CONFERENCE PARTICIPANT SCHOLARSHIPS	\$ 3,000.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	CCIFF SCHOLARSHIPS CCIFF EXAM SCHOLARSHIPS	\$ 3,210.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	STUDENT SCHOLARSHIPS JOSHUA DIXON	\$ 5,000.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	STUDENT SCHOLARSHIPS CHASE SWANSON	\$ 5,000.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	DONATION JUNIOR ACHIEVEMENT OF ARIZONA INC.	\$ 5,000.

STATEMENT 3  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 1,291.
BANK CHARGES/MERCHANT FEES	2,869.
CONFERENCES, CONVENTIONS, AND MEETINGS	502.
CONSTRUCTION EXEC OF YEAR EXP.	34,243.
LUNCH/DINNER & SOCIAL EVENTS	27,589.

**2009****FEDERAL STATEMENTS****PAGE 2****THE VALLEY OF THE SUN CHAPTER OF THE  
CONSTRUCTION FINANCIAL MGMT ASSOCIATION****86-0556988****STATEMENT 3 (CONTINUED)  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

MEETING EXPENSES	\$ 538.
NEW PRESIDENT RETREAT	1,800.
OFFICE EXPENSES	183.
PAST PRESIDENT FORUM	465.
SALARY SURVEY EXPENSES	173.
SEMINAR EXPENSE	13,541.
<b>TOTAL</b>	<b>\$ 83,194.</b>

**STATEMENT 4  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 0.	\$ 2,158.
PREPAID EXPENSES AND DEFERRED CHARGES	11,545.	7,730.
<b>TOTAL</b>	<b>\$ 11,545.</b>	<b>\$ 9,888.</b>

**STATEMENT 5  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 1,882.
DEFERRED REVENUE	34,820.	34,977.
<b>TOTAL</b>	<b>\$ 34,820.</b>	<b>\$ 36,859.</b>

**STATEMENT 6  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION IS A BROAD BASED ORGANIZATION OF PROFESSIONALS COMMITTED TO SERVING THE CONSTRUCTION INDUSTRY. ITS MISSION IS TO UNITE INDIVIDUALS HAVING FINANCIAL RESPONSIBILITIES IN THE CONSTRUCTION INDUSTRY, AND TO PROVIDE A FORUM THROUGH WHICH THE ASSOCIATION'S MEMBERS CAN MEET TO EXCHANGE IDEAS. THE ASSOCIATION WORKS TO DEVELOP AND COORDINATE EDUCATION PROGRAMS DEDICATED TO THE PURPOSE OF IMPROVING THE PROFESSIONAL STANDARDS OF CONSTRUCTION FINANCIAL MANAGERS, AND TO ENHANCE THE ROLE AND PROMOTE THE IMAGE OF THE CONSTRUCTION FINANCIAL MANAGER.

**2009****FEDERAL STATEMENTS****PAGE 3****THE VALLEY OF THE SUN CHAPTER OF THE  
CONSTRUCTION FINANCIAL MGMT ASSOCIATION****86-0556988****STATEMENT 7****FORM 990-EZ, PART III, LINE 28****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

LUNCH/DINNER MEETINGS - MEMBERSHIP MEETINGS FEATURE SPEAKERS WHO REPORT ON ISSUES OF INTEREST TO THE CONSTRUCTION INDUSTRY AND MEMBERS ARE GIVEN AN OPPORTUNITY TO DISCUSS THESE ISSUES WITH BOTH GUEST SPEAKERS AND FELLOW MEMBERS.

**STATEMENT 8****FORM 990-EZ, PART III, LINE 30****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

CONSTRUCTION EXECUTIVE OF THE YEAR - THE ANNUAL BANQUET HONORS THE CHIEF EXECUTIVE OF A LOCAL CONSTRUCTION FIRM AND RECOGNIZES THE EFFORTS OF A CHAPTER MEMBER WHO HAS WORKED ON BEHALF OF THE CHAPTER AND ITS MISSION.

**STATEMENT 9****FORM 990-EZ, PART III, LINE 31****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
SEMINARS - DURING THE YEAR, THE ORGANIZATION SPONSORED VARIOUS CONSTRUCTION INDUSTRY SPECIFIC AND CCIFP EXAM REVIEW COURSES.		
INCLUDES FOREIGN GRANTS: NO	TOTAL \$ <u>0.</u> <u>0.</u> <u>0.</u>	

**STATEMENT 10****FORM 990-EZ, PART IV****LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHELLE GIESEN P.O. BOX 7703 PHOENIX, AZ 85011-7033	PAST PRESIDENT \$ 1.00	0. \$	0. \$	0.
TONY HAKES P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
HELEN SPENCER P.O. BOX 7703 PHOENIX, AZ 85011-7033	TREASURER 3.00	0.	0.	0.

## STATEMENT 10 (CONTINUED)

## FORM 990-EZ, PART IV

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIEDRE ALDOUS P.O. BOX 7703 PHOENIX, AZ 85011-7033	SECRETARY 1.00	0. \$	0. \$	0.
KRISTINE ROE P.O. BOX 7703 PHOENIX, AZ 85011-7033	VICE PRESIDENT 1.00	0.	0.	0.
TOM LAWLESS P.O. BOX 7703 PHOENIX, AZ 85011-7033	PRESIDENT 5.00	0.	0.	0.
JIM BRACY P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
DAVE MILLER P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
PAUL BOLEY	DIRECTOR 1.00	0.	0.	0.
KEVIN BURNETT P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
SAM DEROSA P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
JEFF ROBERTSON P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
LYNNE PACE P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
GINA NELSON P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
GREG GROSS P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.

2009

## FEDERAL STATEMENTS

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CONSTRUCTION FINANCIAL MGMT ASSOCIATION

86-0556988

## STATEMENT 10 (CONTINUED)

FORM 990-EZ, PART IV

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CAROL HAGEN P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0. \$	0. \$	0.
KEN KELLANEY P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
BOB CUMMINGS P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
CHELLE LACROSSE P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
LEANNE SCHEUB P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.