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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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 donee 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.

Open to Public
Inspection

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.

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

G Accounting method. ☐ Cash ☒ Accrual
Other (specify) _____

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

I Website: WWW.CFMA.ORG/VALLEYOFTHE SUN

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	
	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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	46,879.
	6b	Less: direct expenses other than fundraising expenses	6b	17,642.
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29,237.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe: SEE STATEMENT 1)	8	760.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	147,346.
	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.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83,511.	94,145.
23 Land and buildings		
24 Other assets (describe: SEE STATEMENT 4)	11,545.	9,888.
25 Total assets	95,056.	104,033.
26 Total liabilities (describe: SEE STATEMENT 5)	34,820.	36,859.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,236.	67,174.

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

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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		
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?		X
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		X
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?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
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 40b		
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 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**

	Yes	No
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: _____		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: _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ **N/A**
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** **N/A**

	Yes	No
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

47		
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

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 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 ▶

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.				
	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">✱</div> <div style="flex-grow: 1;"> </div> <div style="margin-left: 10px; text-align: right;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">X</div> <div>6/24/10</div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of officer Date </div>	<div style="font-size: large; font-family: cursive;">Kristine M. Poe, President</div>			
Paid Preparer's Use Only	Preparer's signature		Date	Check if self employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4		EIN	Phone no	
	ZIP + 4				

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545 0047

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.

- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 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.

[illegible]

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 TOURNAMEN (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.

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? _____

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**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?**15a****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?**17a****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. ▶ \$ _____

2009

FEDERAL STATEMENTS

PAGE 1

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.
	\$	<u>760.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

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

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.
TOTAL	\$	<u>83,194.</u>

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.
TOTAL	<u>\$ 11,545.</u>	<u>\$ 9,888.</u>

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.
TOTAL	<u>\$ 34,820.</u>	<u>\$ 36,859.</u>

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.

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	\$ 0.	\$ 0.

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.

THE VALLEY OF THE SUN CHAPTER OF THE
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
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.

THE VALLEY OF THE SUN CHAPTER OF THE
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.