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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning 4/01, 2010, and ending 3/31, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ 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 (ck only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 183,825.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	123,674.
3	Membership dues and assessments	3	14,160.
4	Investment income	4	185.
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	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	45,806.
c	Less direct expenses from gaming and fundraising events	6c	19,619.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,187.
7a	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 in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,206.
10	Grants and similar amounts paid (list in Schedule O)	10	36,990.
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	31,249.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	68.
16	Other expenses (describe in Schedule O)	16	108,597.
17	Total expenses. Add lines 10 through 16	17	176,904.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,698.
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	67,174.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	54,476.

SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

☒☒☒

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		
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 ▶ <u>37a</u> 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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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

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)? **42b**

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 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 ? **42c**

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 **▶** ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 43 N/A

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

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

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?

	Yes	No
47		
48		
49a		
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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes ☐ No ☐

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.

Sign Here	Signature of officer <u>Susan Annette Johnson</u>		Date <u>10/13/11</u>
	Type or print name and title <u>SUSAN ANNETTE JOHNSON, TREASURER</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RAYLEEN F. COLLETTI, CPA	<u>Rayleen F. Colletti, CPA</u>	<u>10-12-11</u>
	Firm's name	HUNTER HAGAN & COMPANY, LTD.	
	Firm's address	4110 N SCOTTSDALE RD STE 200 SCOTTSDALE, AZ 85251-3635	
	Check <input type="checkbox"/> if self-employed	PTIN	N/A
	Firm's EIN	N/A	
	Phone no	(480) 946-0751	

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

Yes ☒ No ☐

Department of the Treasury
Internal Revenue Service

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

2010

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 990-EZ 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.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a 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 and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Schedule G (Form 990 or 990-EZ) 2010

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMEN (event type)	(event type)	(total number)	(add column (a) through column (c))
	1 Gross receipts	45,806.			45,806.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	45,806.			45,806.
DIRECT EXPENSES	4 Cash prizes	2,550.			2,550.
	5 Noncash prizes				
	6 Rent/facility costs	14,274.			14,274.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,795.			2,795.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				19,619.
	11 Net income summary. Combine line 3, column (d), and line 10				26,187.

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 column (a) through column (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?

☐ Yes ☐ No

b If 'No,' explain _____

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

☐ Yes ☐ No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers?	Yes	No
---	-----	----

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
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81	100
82	100
83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ \$

Part IV **Supplemental information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990-or 990-EZ)

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 990-EZ.

OMB No 1545-0047

2010

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

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.

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.

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.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT 40000010

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

86-0556988

10/11/11

03 13PM

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

25TH ANNIVERSARY EVENT	\$	25,599.
ACCR FEE		10.
ADVERTISING AND PROMOTION		1,400.
BANK CHARGES/MERCHANT FEES		2,841.
CONSTRUCTION EXEC OF YEAR EXP.		39,085.
EDUCATIONAL CONFERENCE EVENT		14,482.
LUNCH/DINNER MEETING		21,541.
MEETING EXPENSES		709.
NEW PRESIDENT RETREAT		1,795.
OFFICE EXPENSES		495.
WEBSITE SERVICES		640.
TOTAL	\$	<u>108,597.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 2,158.	\$ 0.
PREPAID EXPENSES AND DEFERRED CHARGES	7,730.	12,135.
TOTAL	<u>\$ 9,888.</u>	<u>\$ 12,135.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,882.	\$ 5,705.
DEFERRED REVENUE	34,977.	34,149.
TOTAL	<u>\$ 36,859.</u>	<u>\$ 39,854.</u>

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
SEMINARS - DURING THE YEAR, THE ORGANIZATION SPONSORED VARIOUS CONSTRUCTION INDUSTRY SPECIFIC AND CCIFP EXAM REVIEW COURSES. INCLUDES FOREIGN GRANTS: NO		
25TH ANNIVERSARY BANQUET - THIS EVENT WAS IN HONOR OF THE 25TH ANNIVERSARY OF THE VALLEY OF SUN CHAPTER AND THE PAST PRESIDENTS WHO SERVED THE CHAPTER. INCLUDES FOREIGN GRANTS: NO		
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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

86-0556988

10/11/11

03 13PM

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
TOM LAWLESS P.O. BOX 7703 PHOENIX, AZ 85011-7033	PAST PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
JARED ASAY P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
ANNETTE JOHNSON P.O. BOX 7703 PHOENIX, AZ 85011-7033	TREASURER 3.00	0.	0.	0.
HELEN SPENCER P.O. BOX 7703 PHOENIX, AZ 85011-7033	SECRETARY 1.00	0.	0.	0.
KRISTINE ROE P.O. BOX 7703 PHOENIX, AZ 85011-7033	PRESIDENT 5.00	0.	0.	0.
PAUL BOLEY P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 0	0.	0.	0.
JIM BRACY P.O. BOX 7703 PHOENIX, AZ 85011-7033	VICE PRESIDENT 1.00	0.	0.	0.
DAVE MILLER P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
KEVIN BURNETT P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
KEITH BIEBER P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
TAYLOR BROCKBANK P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
ANNE DEVINE THUL P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT 40000010

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

86-0556988

10/11/11

03 13PM

FORM 990-EZ, PART IV (CONTINUED)

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
RYAN EVANS 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.
MIKE FUHRMANN P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
MICHELLE GRIDER 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.
SAM NAPOLITANO P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
JAN SMITH P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service▶ **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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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*

Type or print File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION	86-0556988
	Number, street, and room or suite number. If a P.O. box, see instructions	
	PO BOX 7703	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PHOENIX, AZ 85011-7703	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ANNETTE JOHNSON

Telephone No ▶ 480-424-7855FAX No ▶ 480-424-3750

- 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20 ____ or
 ▶ ☒ tax year beginning 4/01, 20 10, and ending 3/31, 20 11

- 2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)