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

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

	Yes	No
33		X
34		X
35a		X
35b		
35c		X
36		X
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b		
40e		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)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III

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 tax year 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 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

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 ► RAYLEEN F COLLETTI, CPA Telephone no ► 480-946-0751
Located at ► 4110 N SCOTTSDALE RD, SUITE 200 SCOTTSDALE AZ ZIP + 4 ► 85251

	Yes	No
42b		X
42c		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.

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 N/A N/A

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

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

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

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

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

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

b 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 instructions)

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

Yes	No
46	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 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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

Yes	No
47	
48	
49a	
49b	

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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

✓ 8/13/12

Sign Here	Signature of officer		Date
	RYAN R. EVANS, TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RAYLEEN F. COLLETTI, CPA Rayleen F. Colletti CPA 8/6/12		
	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 P00018254	
Firm's EIN		► 86-0528831	
Phone no		(480) 946-0751	

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

► Yes No

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.

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

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					

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.

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 6b. 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 column (a) through column (c))
	1 Gross receipts	48,602.			48,602.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	48,602.			48,602.
DIRECT EXPENSES	4 Cash prizes	2,739.			2,739.
	5 Noncash prizes				
	6 Rent/facility costs	11,078.			11,078.
	7 Food and beverages	5,490.			5,490.
	8 Entertainment				
	9 Other direct expenses	2,483.			2,483.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 21,790.
	11 Net income summary. Combine line 3, column (d), and line 10				► 26,812.

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. _____

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011**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.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

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

86-0556988

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

ACCR FEE	\$	10.
BANK CHARGES/MERCHANT FEES		2,214.
CONSTRUCTION EXEC OF YEAR EXP.		36,512.
EDUCATIONAL CONFERENCE EVENT		7,900.
GIFTS/TICKETS FOR EVENTS		780.
LUNCH/DINNER MEETING		24,110.
MEETING EXPENSES		1,162.
NEW PRESIDENT RETREAT		3,600.
OFFICE EXPENSES		2,048.
PO BOX RENTAL		56.
SALARY SURVEY		601.
VOS SOCIAL		1,309.
WEBSITE SERVICES		120.
TOTAL	\$	<u>80,422.</u>

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

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 0.	\$ 1,300.
PREPAID EXPENSES AND DEFERRED CHARGES	<u>12,135.</u>	<u>15,990.</u>
TOTAL	<u>\$ 12,135.</u>	<u>\$ 17,290.</u>

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

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 5,705.	\$ 4,990.
DEFERRED REVENUE	<u>34,149.</u>	<u>47,415.</u>
TOTAL	<u>\$ 39,854.</u>	<u>\$ 52,405.</u>

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>

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

86-0556988

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	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
KRISTINE NEWMAN P.O. BOX 7703 PHOENIX, AZ 85011-7033	PAST PRESIDENT 1	\$ 0.	\$ 0.	\$ 0.
RUSS KIMBERLIN P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.
ANNETTE JOHNSON P.O. BOX 7703 PHOENIX, AZ 85011-7033	TREASURER 3	0.	0.	0.
TONY HAKES P.O. BOX 7703 PHOENIX, AZ 85011-7033	SECRETARY 1	0.	0.	0.
JIM BRACY P.O. BOX 7703 PHOENIX, AZ 85011-7033	PRESIDENT 5	0.	0.	0.
PAUL BOLEY P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.
KEVIN BURNETT P.O. BOX 7703 PHOENIX, AZ 85011-7033	VICE PRESIDENT 1	0.	0.	0.
DAVE MILLER P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.
JOHN VERHOFF P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.
KEITH BIEBER P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.
TAYLOR BROCKBANK P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.
ANNE DEVINE THUL P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	0.	0.	0.

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

86-0556988

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	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC		EXPENSE ACCOUNT & OTHER ALLOWANCES
			0. \$	0. \$	
RYAN EVANS P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1	1 \$	0. \$	0. \$	0.
DEBORAH ANDERSON P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1		0.	0.	0.
MIKE FUHRMANN P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1		0.	0.	0.
MICHELLE GRIDER P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1		0.	0.	0.
CORD ARMSTRONG P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1		0.	0.	0.
SAM NAPOLITANO P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1		0.	0.	0.
JAN SMITH P.O. BOX 7703 PHOENIX, AZ 85011-7033	DIRECTOR 1		0.	0.	0.
TOTAL		<u> \$ </u>	<u> \$ </u>	<u> \$ </u>	<u> \$ </u>
		0.	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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION	Employer identification number (EIN) or X 86-0556988
	Number, street, and room or suite number. If a P O box, see instructions PO BOX 7703	Social security number (SSN) <input type="checkbox"/>
	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).

01

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	01	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 ► **RAYLEEN F COLLETTI, CPA**

Telephone No ► **480-946-0751** FAX No ► **480-941-2188**

- 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 12, 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 11, and ending 3/31, 20 12

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 1-2012)