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A For the 2012 calendar year, or tax year beginning 04-01-2012, and ending 03-31-2013		
B Check if applicable	C Name of organization CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA TWIN CITIES AREA CHAPTER OF CFMA	
Address change	D Employer identification number 41-1871451	
Name change	Number and street (or P O box, if mail is not delivered to street address) 4810 WHITE BEAR PARKWAY	E Telephone number (651) 426-7000
Initial return	Room/suite	
Terminated	City or town, state or country, and ZIP + 4 WHITE BEAR LAKE, MN 55110	F Group Exemption Number
Amended return		
Application pending		

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ☐ _____

I Website: ☐ [HTTP://CHAPTERSCFMA.ORG/TWINCITIES/INDEX.HTM](http://chapterscfma.org/twincities/index.htm)

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ 78,726

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	22,155		
	2	Program service revenue including government fees and contracts		2	40,837		
	3	Membership dues and assessments		3			
	4	Investment income		4	24		
	5a	Gross amount from sale of assets other than inventory	5a		5c		
	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		6d			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) .	6a				
	b	Gross income from fundraising events (not including \$ 22,155 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	15,710
	c	Less direct expenses from gaming and fundraising events	6c			16,043	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	-333		
	7a	Gross sales of inventory, less returns and allowances	7a		7c		
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	62,683			
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	53,565		
	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			
	14	Occupancy, rent, utilities, and maintenance		14			
	15	Printing, publications, postage, and shipping		15			
	16	Other expenses (describe in Schedule O)		16	25,901		
	17	Total expenses. Add lines 10 through 16		17	79,466		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-16,783		
	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	72,017		
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	55,234		

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	74,572	22	51,992
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,660	24	3,242
25 Total assets	77,232	25	55,234
26 Total liabilities (describe in Schedule O)	5,215	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,017	27	55,234

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROMOTE THE EDUCATIONAL AND COMMON BUSINESS INTERESTS OF FINANCIAL EXECUTIVES INVOLVED IN THE CONSTRUCTION INDUSTRY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Additional Data Table

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

29

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

30

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

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

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

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

28a

29a

30a

31a

32

76,087

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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 ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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)	34	No
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)?	35a	No
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	35b	
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	35c	No
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	36	No
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?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ , section 4912 ☐ , section 4955 ☐		
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 ☐		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ☐		
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	No
41	List the states with which a copy of this return is filed ☐		
42a	The organization's books are in care of ☐ GRETCHEN KELLY TREASURER Telephone no ☐ (651) 426-7000 Located at ☐ 4810 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN ZIP + 4 ☐ 55110		
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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
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		
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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		Yes	No
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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

		Yes	No
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		
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?		
49b	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 title of each employee paid more than \$100,000	(b) 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

f	Total number of other employees paid over \$100,000	▶	
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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.	▶	
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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
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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		2013-07-16 Date		
	GRETCHEN KELLY TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature THOMAS W HODNEFIELD CPA	Date 2013-07-16	Check ☐ if self-employed	PTIN P00185415
	Firm's name ▶ HLB TAUTGES REDPATH LTD			Firm's EIN ▶ 41-0975573	
	Firm's address ▶ 4810 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN 55110			Phone no (651) 426-7000	

May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	37,165		37,165
	2	Less Contributions . . .	22,155		22,155
	3	Gross income (line 1 minus line 2)	15,010		15,010
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .	8,543		8,543
	8	Entertainment			
	9	Other direct expenses .	3,061		3,061
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(11,604)
					3,406

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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 _____

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	
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 contract 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 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).

Identifier	Return Reference	Explanation
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2012

**Open to Public
Inspection**

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 to provide any additional information.**
► Attach to Form 990 or 990-EZ.

Name of the organization
CONSTRUCTION FINANCIAL MANAGEMENT ASSOC
DBA TWIN CITIES AREA CHAPTER OF CFMA

Employer identification number

41-1871451

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 24
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HOMEWARD BOUND VOLUNTEER DAY GRANTEE NAME HOMEWARD BOUND GRANTEE ADDRESS 12805 HIGHWAY 55, SUITE 400 PLYMOUTH, MN 55441 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE COST BOOK VALUE OF PROPERTY 65 DATE OF GIFT 05/16/12 AMOUNT GIVEN 1,065
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION PROMOTE CERTIFICATION OF CONSTRUCTION FINANCIAL PROFESSIONALS GRANTEE NAME ICCIFP GRANTEE ADDRESS 100 VILLAGE BLVD PRINCETON, NJ 08540 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 03/20/13 AMOUNT GIVEN 2,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION U OF M ENDOWMENT GRANTEE NAME UNIVERSITY OF MINNESOTA FOUNDATION GRANTEE ADDRESS 200 OAK STREET SOUTHEAST, SUITE 500 MINNEAPOLIS, MN 55455 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 10/18/12 AMOUNT GIVEN 50,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 53,565
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION GENERAL MEETING EXPENSE AMOUNT 6,449 DESCRIPTION CFMA DAY EXPENSE AMOUNT 13,789 DESCRIPTION ACCOUNTING WORKSHOPS AMOUNT 1,656 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 315 DESCRIPTION MARKETING AMOUNT 260 DESCRIPTION FEES AMOUNT 36 DESCRIPTION SUPPLIES AMOUNT 649 DESCRIPTION SPRING CREEK MEETING AMOUNT 2,245 DESCRIPTION EDUCATIONAL SITE VISITS AMOUNT 502 TOTAL TO FORM 990-EZ, LINE 16 25,901
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,660 END OF YEAR AMOUNT 2,242 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,000 END OF YEAR AMOUNT 1,000
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 5,215 END OF YEAR AMOUNT 0

**TY 2012 Transfers Personal Benefits
Contracts Declaration**

Name: CONSTRUCTION FINANCIAL MANAGEMENT ASSOC
DBA TWIN CITIES AREA CHAPTER OF CFMA

EIN: 41-1871451

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 41-1871451

Name: CONSTRUCTION FINANCIAL MANAGEMENT ASSOC
DBA TWIN CITIES AREA CHAPTER OF CFMA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 THE TWIN CITIES AREA CHAPTER OF CFMA HOSTED CFMA DAY CFMA DAY IS DESIGNED TO PROVIDE EDUCATIONAL AND NETWORKING OPPORTUNITIES TAILORED TO FINANCIAL ASPECTS OF THE CONSTRUCTION INDUSTRY THROUGHOUT THE DAY ATTENDEES PARTICIPATE IN BREAKOUT SESSIONS ON TIMELY CONSTRUCTION-RELATED TOPICS AND HAVE THE OPPORTUNITY TO NETWORK WITH PEERS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	13,789
29 CFMA HOLDS PERIODIC WORKSHOPS ON PRACTICAL CONSTRUCTION ACCOUNTING TOPICS INTENDED TO EDUCATE MEMBERS ON SUBJECTS OF INTEREST TO THE CONSTRUCTION INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	29a	1,656
30 CFMA'S TWIN CITIES CHAPTER HOLDS REGULAR MEETINGS THROUGHOUT THE YEAR DESIGNED TO PROVIDE THE CONSTRUCTION PROFESSIONAL WITH USEFUL AND ENTERTAINING PRESENTATIONS ON A VARIETY OF TOPICS GENERAL MEETINGS TAKE PLACE AT LEAST EIGHT TIMES PER YEAR WITH GUEST SPEAKERS ON GENERAL INTEREST SUBJECTS INCLUDING ECONOMIC FORECASTS, POLITICAL PERSONALITIES AND TAX PLANNING AND ACCOUNTING ISSUES FOR THE CONSTRUCTION INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	30a	6,449
CFMA AWARDS ANNUAL SCHOLARSHIPS TO LOCAL COLLEGES WITH STRONG ACCOUNTING AND FINANCIAL PROGRAMS (Grants \$ 53,565) If this amount includes foreign grants, check here . . . ☐		54,193

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TIM SKELLY PRESIDENT	2 00	0	0	0
PAUL LONGSDORF VICE PRESIDENT	2 00	0	0	0
JULIE BECKIUS VICE PRESIDENT	2 00	0	0	0
LORIE EAKER VICE PRESIDENT	2 00	0	0	0
NICK CHAPIN VICE PRESIDENT	2 00	0	0	0
MIKE MICHELSEN VICE PRESIDENT	2 00	0	0	0
JASON BAKKE VICE PRESIDENT	2 00	0	0	0
CHRIS LITTLE VICE PRESIDENT	2 00	0	0	0
EVA MACH SECRETARY	2 00	0	0	0
GRETCHEN KELLY TREASURER	2 00	0	0	0
DAN ETZEL DIRECTOR	2 00	0	0	0
JUDD NORDQUIST DIRECTOR	2 00	0	0	0