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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: **City Engineers Association of Minnesota**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **145 University Avenue West**

City or town, state or province, country, and ZIP or foreign postal code: **St. Paul, MN 55103**

D Employer identification number: **30-0516771**

E Telephone number: **651-215-4011**

F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.ceam.org

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

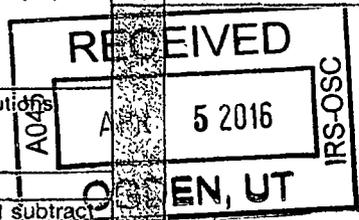
K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **136,731**

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	
	2	Program service revenue including government fees and contracts	2	116,975
	3	Membership dues and assessments	3	19,440
	4	Investment income	4	316
	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	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		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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	136,731	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	3,450
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1
	16	Other expenses (describe in Schedule O)	16	107,739
17	Total expenses. Add lines 10 through 16	17	111,190	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,541
	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	58,511
	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	84,052



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P 15

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

Form 990-EZ (2015) Part V Other Information. Questions 33-45b regarding organizational activities, financials, and reporting. Includes a table with Yes/No columns and checkboxes for Schedule O.

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 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
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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	(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 ▶ _____

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 business address of each independent contractor	(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 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	Date
	3/24/2016

 Type or print name and title Jeffrey E. Johnson, President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

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▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
City Engineers Association of Minnesota

Employer identification number
30-0516771

Part 1, Line 16 - Other expenses: The amount reported includes conference expenses, awards, and meals.

Part 2, Line 26 - Total liabilities: The amount reported includes deferred dues revenue.

Part 4. List of Officers, Directors, Trustees, and Key Employees

From February 1, 2015 through February 1, 2016

a) Name and Title	(b) Ave Hrs/Week	(c) Reportable Compensation	(d) Plan Contributions	(e) Other
Klayton Eckles - President	1	0	0	0
Jeff Johnson - Vice President	1	0	0	0
Marc Culver - Secretary/Treasurer	1	0	0	0
Steve Bot - 1st Past President	1	0	0	0
Bob Moberg - 2nd Past president	1	0	0	0
Dan Coyle - Associate Member Private Sector	1	0	0	0
Will Manchester - Associate Member Public Sector	1	0	0	0

From February 1, 2014 through February 1, 2015

a) Name and Title	(b) Ave Hrs/Week	(c) Reportable Compensation	(d) Plan Contributions	(e) Other
Steve Bot - President	1	0	0	0
Klayton Eckles - Vice President	1	0	0	0
Jeff Johnson - Secretary/Treasurer	1	0	0	0
Bob Moberg - 1st Past President	1	0	0	0
Kent Exner - 2nd Past President	1	0	0	0
Will Manchester - Associate Member Public Sector	1	0	0	0
Mike Turner - Associate Member Private Sector	1	0	0	0