Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

▶ 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*.

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning APR 1, 2015 and ending MAR 31, 2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

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

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
1027 W. ROSELAWN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ROSEVILLE, MN 55113

D Employer identification number
41-1871451

E Telephone number
651-489-1321

F Group Exemption Number ▶

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:** ▶ HTTP://TWINCITIES.CFMA.ORG/HOME

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 ▶ $ 83,139.

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	20,272.
	2	Program service revenue including government fees and contracts		2	44,889.
	3	Membership dues and assessments		3	
	4	Investment income SEE SCHEDULE O		4	18.
	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 $ 16,000. 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	17,960.	
	c	Less: direct expenses from gaming and fundraising events	6c	10,819.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	7,141.
	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	72,320.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	53,760.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	6,158.
	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) SEE SCHEDULE O		16	33,174.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	93,092.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<20,772.>
	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	115,241.
	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	94,469.

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 [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	117,279.	22	93,733.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	900.	24	3,000.
25	**Total assets**	118,179.	25	96,733.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	2,938.	26	2,264.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	115,241.	27	94,469.

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 [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a

29 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O) SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

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

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 [X]

(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
PAUL LONGSDORF PRESIDENT	2.00	0.	0.	0.
TOM OPFAR VICE PRESIDENT	2.00	0.	0.	0.
WILL TITUS VICE PRESIDENT	2.00	0.	0.	0.
JEFF BALLENTHIN 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.
MATT NISTLER VICE PRESIDENT	2.00	0.	0.	0.
THERESA WEATHERLY TREASURER	2.00	0.	0.	0.
ANN KVAAL SECRETARY / ADMIN ASST	4.00	6,158.	0.	0.
JOHN KAPPHAHN DIRECTOR	2.00	0.	0.	0.
JAMIE WOLLE DIRECTOR	2.00	0.	0.	0.
CHRIS LITTLE DIRECTOR	2.00	0.	0.	0.

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 Sch. O to respond to any question in this Part V [X]

			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		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)	34		X
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		X
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	N/A	
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		X
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		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?	37b		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?	38a		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), 501(c)(4), and 501(c)(29) 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	N/A	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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 ▶ NONE			
42a	The organization's books are in care of ▶ THERESA WEATHERLY, TREASURER Telephone no. ▶ 651-489-1321 Located at ▶ 1027 W. ROSELAWN AVENUE, ROSEVILLE, MN ZIP + 4 ▶ 55113			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
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: ▶	42c		X
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			

			Yes	No
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		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		X
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)	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	46		X

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 Sch. C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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 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
N/A				

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." N/A

(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

▶ Theresa Weatherly — Signature of officer — 11-14-16 — Date

▶ THERESA WEATHERLY, TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

Form **990-EZ** (2015)

532174
12-02-15

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number: 41-1871451

Part I Fundraising Activities.

Complete if the organization answered "Yes" on 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

2 a 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? Yes	(iii) No	(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
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" on 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 GOLF TOURNAMENT - (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	33,960.			33,960.
	2 Less: Contributions	16,000.			16,000.
	3 Gross income (line 1 minus line 2)	17,960.			17,960.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,917.			6,917.
	7 Food and beverages	3,080.			3,080.
	8 Entertainment				
	9 Other direct expenses	822.			822.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	10,819.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	7,141.

Part III Gaming. Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** 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 provide any additional information (see instructions).

Part IV **Supplemental Information** *(continued)*

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

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DBA: TWIN CITIES AREA CHAPTER OF CFMA

Employer identification number: 41-1871451

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	18.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: HOMEWARD BOUND
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
AMOUNT GIVEN: 3,760.

ACTIVITY CLASSIFICATION:
GRANTEE NAME: GUSTAVUS ADOLPHUS COLLEGE SCHOLARSHIP FUND
GRANTEE ADDRESS: 800 WEST COLLEGE AVENUE SAINT PETER, MN 56082
GRANTEE RELATIONSHIP: NONE
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 06/30/15
AMOUNT GIVEN: 50,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 53,760.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GENERAL MEETING EXPENSE	11,346.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
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CFMA DAY EXPENSE	17,748.
CONFERENCES, CONVENTIONS, MEETINGS	503.
SPRING CREEK MEETING	298.
FEES - CREDIT CARD AND REGISTRATION SERVICE	3,094.
OTHER EXPENSES	185.
TOTAL TO FORM 990-EZ, LINE 16	33,174.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND OTHER ASSETS	900.	3,000.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	2,938.	2,264.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE THE EDUCATIONAL AND COMMON BUSINESS INTERESTS OF FINANCIAL EXECUTIVES INVOLVED IN THE CONSTRUCTION INDUSTRY.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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. APPROXIMATELY 140 INDIVIDUALS

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.

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Employer identification number: 41-1871451

ATTEND.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

CFMA HOLDS PERIODIC SOCIAL AND EDUCATIONAL EVENTS, INCLUDING HIGH-PROFILE JOBSITE TOURS, PROFESSIONAL NETWORKING EVENTS AND OTHER SEMINARS TO EDUCATE MEMBERS ON SUBJECTS OF INTEREST TO THE CONSTRUCTION INDUSTRY.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

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, LEGISLATIVE AND REGULATORY MATTERS, INDUSTRY MATTERS AND TAX PLANNING AND ACCOUNTING ISSUES FOR THE CONSTRUCTION INDUSTRY. GENERAL MEETING ATTENDANCE GENERALLY RANGES FROM 30 TO 75 INDIVIDUALS.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

CFMA AWARDS ANNUAL SCHOLARSHIPS AND PERIODIC ENDOWMENTS TO LOCAL COLLEGES WITH STRONG ACCOUNTING AND FINANCIAL PROGRAMS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

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.
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DBA: TWIN CITIES AREA CHAPTER OF CFMA

Employer identification number: 41-1871451

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Employer identification number 41-1871451

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for 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
BRANDON MAVES DIRECTOR	2.00	0.	0.	0.
LORIE EAKER PAST PRESIDENT	2.00	0.	0.	0.
TIM ENGELDINGER VICE PRESIDENT	2.00	0.	0.	0.