

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017Open to Public
Inspection

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

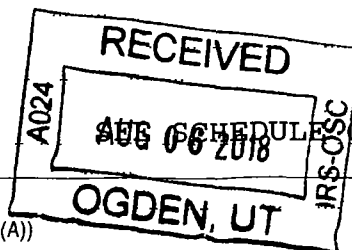
▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning APR 1, 2017 and ending MAR 31, 2018	
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
G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶	D Employer identification number 41-1871451
I Website: ▶ HTTP://TWINCITIES.CFMA.ORG/HOME	E Telephone number 651-489-1321
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527	F Group Exemption Number ▶
K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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. ▶ \$ 70,057.	

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	17,450.
	2	Program service revenue including government fees and contracts	2	33,688.
	3	Membership dues and assessments	3	
	4	Investment income	4	15.
	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	6	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 14,500. 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	18,904.	
c	Less: direct expenses from gaming and fundraising events	6c	7,751.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,153.	
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	62,306.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,250.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	4,313.
	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	28,914.
	17	Total expenses. Add lines 10 through 16	17	38,477.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,829.
	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	118,612.
	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	142,441.



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

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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	116,612.	22	141,441.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,000.	24	1,000.
25 Total assets	118,612.	25	142,441.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	118,612.	27	142,441.

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

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

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

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

☒

(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
JASON BAKKE				
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 BALLENTIN				
VICE PRESIDENT	2.00	0.	0.	0.
JOHN MARKERT				
VICE PRESIDENT	2.00	0.	0.	0.
JOHN KAPPAHN				
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	5.00	4,313.	0.	0.
LORIE EAKER				
DIRECTOR	2.00	0.	0.	0.
BOB BOWMAN				
DIRECTOR	2.00	0.	0.	0.
CHRIS LITTLE				
DIRECTOR	2.00	0.	0.	0.

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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 Sch. 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		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
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)?		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	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		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		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?		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), 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		
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		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)?		X
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 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 ☐

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 Yes No
 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 Date 8-1-18
 Signature of officer *Theresa Weatherly*
 Type or print name and title **THERESA WEATHERLY, TREASURER**

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
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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 10 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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

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Schedule G (Form 990 or 990-EZ) 2017 DBA: **TWIN CITIES AREA CHAPTER OF CFMA 41-1871451** Page 2

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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF TOURNAMENT - (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	33,404.			33,404.
	2 Less: Contributions	14,500.			14,500.
	3 Gross income (line 1 minus line 2)	18,904.			18,904.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,643.			4,643.
	7 Food and beverages				
	8 Entertainment	2,876.			2,876.
	9 Other direct expenses	232.			232.
	10 Direct expense summary Add lines 4 through 9 in column (d)				7,751.
	11 Net income summary Subtract line 10 from line 3, column (d)				11,153.

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				
	2 Cash prizes				
Direct Expenses	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: _____

Schedule G (Form 990 or 990-EZ) 2017 DBA: **TWIN CITIES AREA CHAPTER OF CFMA** 41-1871451 Page 3

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

Address

Name

Address

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

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.

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

Schedule G (Form 990 or 990-EZ)

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Part IV Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC
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

15.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

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

DATE OF GIFT: 10/15/17

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: CFMA 2017 HURRICANE FUND

GRANTEE NAME: CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION

GRANTEE ADDRESS: 100 VILLAGE BLVD, SUITE 200 PRINCETON, NJ 08540

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

DATE OF GIFT: 09/21/17

AMOUNT GIVEN:

750.

ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP

GRANTEE NAME: MINNESOTA STATE UNIVERSITY - MOORHEAD

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization	CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
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GRANTEE ADDRESS: 1104 7TH AVE S MOORHEAD, MN 56563

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

DATE OF GIFT: 08/01/17

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP

GRANTEE NAME: UNIVERSITY OF WISCONSIN - STOUT

GRANTEE ADDRESS: 712 BROADWAY ST S MENOMONIE, WI 54751

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

DATE OF GIFT: 08/01/17

AMOUNT GIVEN: 1,250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,250.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GENERAL MEETING EXPENSE	9,398.
CFMA DAY EXPENSE	17,189.
COMMITTEE EXPENSE - SCHOLARSHIP	82.
FEES - CREDIT CARD AND REGISTRATION SERVICE	1,812.
INSURANCE	433.
TOTAL TO FORM 990-EZ, LINE 16	28,914.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
15530725 131839 7651	2017.04010	CONSTRUCTION FINANCIAL MANA 7651__1

Name of the organization	CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
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PREPAID EXPENSES AND OTHER ASSETS 2,000. 1,000.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE THE EDUCATIONAL AND COMMON BUSINESS INTERESTS OF FINANCIAL MANAGERS, EXECUTIVES AND SERVICE PROVIDERS 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 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

Name of the organization	CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
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MATTERS AND TAX PLANNING AND ACCOUNTING ISSUES FOR THE CONSTRUCTION INDUSTRY. GENERAL MEETING ATTENDANCE GENERALLY RANGES FROM 25 TO 60 INDIVIDUALS.

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

CFMA AWARDS ANNUAL ACADEMIC SCHOLARSHIPS AND PERIODIC ENDOWMENTS TO LOCAL COLLEGES WITH STRONG ACCOUNTING, FINANCIAL MANAGEMENT AND CONSTRUCTION MANAGEMENT PROGRAMS SUPPORTING THE CONSTRUCTION INDUSTRY AND OUR MEMBERS.

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.

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

