

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization City Engineers Association of Minnesota	D Employer identification number 30-0516771
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 145 University Avenue West	E Telephone number (651) 215-4011
City or town, state or province, country, and ZIP or foreign postal code St. Paul, Minnesota 55103		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: ▶ **www.ceam.org**

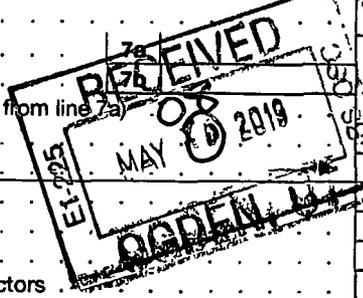
J Tax-exempt status (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **158,808**

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	139,825
	3 Membership dues and assessments	3	16,980
	4 Investment income	4	2,003
	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 \$ 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			
b Less: cost of goods sold			
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	158,808	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	17,000
	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	7,224
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	7
	16 Other expenses (describe in Schedule O)	16	133,554
	17 Total expenses. Add lines 10 through 16	17	157,785
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,023
	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	98,703
	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	97,726



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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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	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	<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 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	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

f Total number of other employees paid over \$100,000 ▶ _____

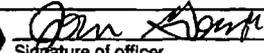
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	▶ 	Date 5/3/2019
	▶ John Gorder - 2019 CERM 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 ▶			
	Firm's address ▶	Phone no			

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

**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

2018

**Open to Public
Inspection**

Name of the organization

City Engineers Association of Minnesota

Employer identification number

30-0516771

Part 1, Line 10 - Grants & similar amounts paid: No amount in excess of \$5,000 was paid to any individual or organization.

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

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

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

From February 1, 2018 through February 1, 2019

(a) Name and Title	(b) Ave Hrs/Week	(c) Reportable Compensation	(d) Plan Contributions	(e) Other
Glen Olson - President	1	0	0	0
John Gorder - Vice President	1	0	0	0
Justin Femite - Secretary-Treasurer	1	0	0	0
Todd Blank - Associate Member-Private Sector	1	0	0	0
Steve Dodge - Associate Member-Public Sector	1	0	0	0
Marc Culver - 1st Past President	1	0	0	0
Jeff Johnson - 2nd Past President	1	0	0	0

From February 1, 2017 through February 1, 2018

(a) Name and Title	(b) Ave Hrs/Week	(c) Reportable Compensation	(d) Plan Contributions	(e) Other
Marc Culver - President	1	0	0	0
Glen Olson - Vice President	1	0	0	0
John Gorder - Secretary-Treasurer	1	0	0	0
Todd Blank - Associate Member-Private Sector	1	0	0	0
Jennifer Desrude - Associate Member-Public Sector	1	0	0	0
Klayton Eckles - 2nd Past President	1	0	0	0
Jeff Johnson - 1st Past President	1	0	0	0