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)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ 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

<u> </u>	For the	2018 calendar year, or tax year beginning APR 1, 2018 and ending MAI	R 31,	2019
	Check il applicat			dentification number
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누	$\neg$	Number and street for P.O. how if mail is not delivered to street address). I Poom/suite	E Telephone	
누	∐Initia ∏Final	Totalii.		
누	termi	nated 1027 W. ROSELAWN AVENUE		489-1321
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느			Number >	
		nting Method: Cash X Accrual Other (specify)		X if the organization is
		te: ► HTTP://TWINCITIES.CFMA.ORG/HOME	•	ed to attach Schedule B
		tempt status (check only one) — 501(c)(3) X 501(c) (6 ) ◀(insert no.) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF).
		forganization: Corporation Trust X Association Other		
		es 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		F.C. 4F.C
		(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>▶ \$</u>	56,456.
P	art.l		ctions for Par	TI)
_	1 .	Check if the organization used Schedule O to respond to any question in this Part I	<del></del>	17 345
		Contributions, gifts, grants, and similar amounts received	1	17,345.
	2	Program service revenue including government fees and contracts	2	26,030.
	3	Membership dues and assessments	3	
	4	Investment income SEE SCHEDULE O	<b>4</b>	15.
	5a	Gross amount from sale of assets other than inventory  5a		
	b	Less; cost or other basis and sales expenses 5b	1.344	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:	124	
e	a	Gross income from gaming (attach Schedule G if greater than	- " <del>-</del>	
Revenue	Ι.	\$15,000) 6a	7. 7. 6.	
æ	6	Gross income from fundraising events (not including \$ 12,759. of contributions	1 2	
		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
	-	gross income and contributions exceeds \$15,000)  6b 13,00		
	C	Less: direct expenses from gaming and fundraising events  6c 7,5		E 400
	_0	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,489.
	/a	Gross sales of inventory, less returns and allowances 7a		
	b	Less' cost of goods sold	, 14,	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-
	8	Other revenue (describe in Schedule 0)	8	10 070
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule 0)  SEE SCHEDULE O	9	48,879.
	10	DECENTED 1	10	55,000.
	11 12		11	3,899.
ses	1			3,033.
en	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) OSEE TSCHEDULE O	15	25 000
	16		16	25,999.
_	17	Total expenses. Add lines 10 through 16 ,	<b>▶</b> 17	84,898.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (9,50,455)	<36,019.>
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	1257	1 4 2 4 4 1
ίΑ		(must agree with end-of-year figure reported on prior year's return)	19	142,441.
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	106 422
1.11	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	106,422.

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

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DBA: TWIN CITIES AREA CHAPTER OF CFMA

Form	990-EZ (2018)	DBA:					CHAPTE	R OF C	FMA			<u>41-</u>	18	714	<u>51</u>	Page 2
Pa	rt II Balance	e Sheets (	see the i	instruct	tions fo	or Part	II)									
	Check r	f the orgar	nization u	used So	chedul	e O to	respond to	any que	stion	ın this Par	t I <u>I_</u>					X
								•	(A)	) Beginning of		$\perp$			nd of yea	
22	Cash, savings, and	d investments								141,4	141	. 22			105,	830.
23	Land and building	S										23				
24	Other assets (desi	cribe in Schedi	ule O)	SEE	SCHE	EDULE	E O				000					500.
25	Total assets									142,4	141	. 25			107,	330.
26	Total liabilities (d	describe in Sch	redule 0)	SEE	SCHE	EDULE	E O				0	• 26				908.
27	Net assets or fun	d balances (lin	ne 27 of colu	ımn (B) <b>m</b>	ust agree	with line	21)			142,4	141	• 27			106,	422.
Pa	rt III Statem	ent of Pro	ogram S	ervice	Accor	nplish	ments (see	the inst	ructio	ns for Par	t III)			Ex	penses	
	Check i	f the organ	nization u	used So	chedul	e O to	respond to	anv que	stion	in this Par	t III	X			for section	
Wha	t is the organization'	s primary exen	mpt purpose	?SEE	SCHE	DULE	3 0								and 501( ons; optic	
	ibe the organization's p							measured by e	expenses	In a clear and co	ncise		othe		,,, op.,,	
	er, describe the services															
28	SEE SCHED	ULE O			-								İΤ		-	
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	Other program se	rvices (descr										$\overline{}$	الما			
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						- 4 1						_	1 00 1			
	Total program se	Officers I	ses (add li	nes 28a i	through	31a)	y Employe	AGC (1-1-1-1					32			
	rt IV List of	Officers, I	Director	s, Trus	tees, a	and Ke	y Employe					see the		ctions fo	or Part IV)	
	rt IV List of	Officers, I	Director	s, Trus	tees, a	and Ke	respond to	any que	stion	in this Par	t IV		instruc			X
	rt IV List of	Officers, I f the organ	Directors	s, Trus used Sc	tees, a	and Ke	respond to	any que Vverage hour	stion rs		t IV	(d) He	instruction	nefits,	(e)Est	timated
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CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

DBA: TWIN CITIES AREA CHAPTER OF CFMA

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Page 3

-, -	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this		t V	X
_			Yes	
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	L	X
35 a	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,"			l
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0	- 25 military	1. 2.3	-
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		12.1.6	-
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	decision on	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			E. Curr
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  N/A		3.7 Te	86
			in the second	
	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
404	section 4911 $\triangleright$ N/A ; section 4912 $\triangleright$ N/A ; section 4955 $\triangleright$ N/A			13
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	122 - 11 241, 141		
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	Bail.	فالمنطقة	. Zaribi
	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	,' <u>_</u> _'	1	- 1- 1
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			- 1
	by the organization N/A		# *** #	7.3
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		新公司	<b>补</b>
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed <b>NONE</b>			
42 a	The organization's books are in care of ▶ THERESA WEATHERLY, TREASURER Telephone no. ▶ 651-48			
	Located at ► 1027 W. ROSELAWN AVENUE, ROSEVILLE, MN ZIP+4 ► 5	511	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	Sal'i an	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).		Pr li	
C	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c	L	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			$\Box$
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and direct the amount of tax exempt interest received of accorded during the tax year			
		1	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		2045c-1	李小雀
	Form 990-EZ	44a	. Angel	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		<b>禁, </b> 。	常达图
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	压料	T.	
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	in e	到许	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-F7	(2018)

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

Form 990-EZ	(2018)	DBA:	TWIN	CITI	ES ARE	A CHA	PTER	OF	CFM	A		41-	18714	51		Page 4
				ctly, ın poli	itical campaign	n activities	on behalf c	of or in	oppositio	on to can	didates for p	ublic of	fice?		Yes	No
		chedule C, Pa		4:	Onles	·								46		X
Part VI			3) Organi:		-	47 4	0h and 50	<b>.</b>				FO -	mal Ed			
			_		nswer questi O to respond					te the ta	ables for line	es 50 a	anu 5 i			$\Box$
	CHECKII	ine Organiza	ation used c	ocnegale	O to respond	a to arry c	(uestion ii	1 11113	rait VI			_			Yes	No
47 Did the d	organization	engage in lo	bbying activit	ties or havi	e a section 50°	1(h) electio	on in effect	during	the tax v	ear? If "\	es," complet	e Sch. (	C, Part II	47		
48 Is the or	ganization a	school as d	escribed in se	ection 170(	(b)(1)(A)(II)? If	f "Yes," cor	nplete Sch	edule E	E				´	48		
49a Did the d	organization	make any tra	ansfers to an	exempt no	n-charitable re	elated orga	inization?							49a		
b If "Yes,"	was the rela	ited organizai	tion a section	527 organ	nization?									49b		
50 Complet	e this table	for the organ	ızatıon's five	highest co	mpensated em	nployees (d	other than o	officers	s, director	rs, truste	es, and key e	mploye	es) who ea	ch re	ceived	more
than \$10		<del></del>			f there is none	, enter "No				1		17.15		1 .		
	(	a) Name and	title of each e	employee			(b) Ave per wee	-			Reportable nsation (Forms	conti	alth benefits, ibutions to		) Estim ount of	
				N/A		ŀ	•	osition		W-2	(1099-MISC)	plans,	oyee benefit and deferred		mpens	
				N/A		<del></del>				+		COIT	pensation		-	
	-			•												
			<del></del>			<del>-  </del>								$\vdash$		
														ŀ		
								-								
										+				_		
f Total nu	mber of oth	er emolovees	paid over \$1	100.000				<b>—</b>				1		1		
					mpensated ind	dependent	contractors	s who	each rece	ived mo	re than \$100,	000 of	compensat	tion fr	om the	3
		e is none, ent		N/A		•							·			
(a)	Name and t	usiness addi	ess of each i	ndepender	nt contractor				(b	) Type of	f service		(c) C	ompe	nsatıo	n
								4								
								╁								
					· -			4								
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					eiving over \$10	•										
	•	•	hedule A? No	ote: All sec	tion 501(c)(3)	organizati	ons must a	attach a	a					٦.,	_	¬
Under penaltie	ed Schedule		at I have even	ninod this	roturo upoludur	na 2000mn	anuna coh	andulae	o and otat	amonto	and to the he	et of m	v knowlede	_ Ye		No
true, correct, a						-							y Kilowieug	je and	Dellei	, 11 15
1100,0011000,0	M	Vera 1	1 lex L	to	l~1	300 011 411	inormation	1 01 WI	попрора	101 1143 6	iny knowicag	ाँ इ	100	٠- ,	<u> </u>	
Sign	Signature	of officer	~~~~		<del>/                                    </del>							Date	-10-4	<u>/</u>		
Here			EATHER	RLY, '	TREASUE	RER										
		int name and ti														
	Print/Ty	e preparer's	name	T	Preparer's sig	gnature			Date	Ţ	Check	] if	PTIN			
Paid								- 1			self- emplo	yed				
Preparer	Firm's n	ma b									Te					
Use Only	L	ddress >	<del></del>	_	_						Firm's EIN					
		-3.000									Phone no.					—
May the IRS d	SCUSS this	return with th	e preparer sh	10Wn ahov	e? See instruct	tions	···						<b>•</b>	Ye	s	No
			, ,,										Fo			(2018)

#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No 1545-0047 8

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

**Employer identification number** 

TWIN CITIES AREA CHAPTER OF CFMA 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 Mail solicitations Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_ Yes 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 (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custod to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) 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

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

Schedule G (Form 990 or 990-EZ) 2018

## CONSTRUCTION FINANCIAL MANAGEMENT ASSOC Schedule G (Form 990 or 990-EZ) 2018 DBA: TWIN CITIES AREA CHAPTER OF CFMA 41-1871451 Page 1871451 Page 1871

Pa			ne organization answered		rt IV, line 18, or reported	
		or iditidialsing event contributions and gr	(a) Event #1 GOLF TOURNAMENT -	( <b>b)</b> Event #2	(c) Other events  NONE	(d) Total events (add col (a) through col (c))
ē			(event type)	(event type)	(total number)	1
Revenue	1	Gross receipts	25,825.			25,825.
	2	Less Contributions	12,759.			12,759.
	3	Gross income (line 1 minus line 2)	13,066.			13,066.
	4	Cash prizes				
es	5	Noncash prizes				
zxbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment	L			
	9	Other direct expenses	7,577.			7,577.
	10	Direct expense summary Add lines 4 through	h 9 ın column (d)		<b></b>	7,577.
		Net income summary Subtract line 10 from I	ine 3, column (d)		<b>•</b>	5,489.
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	· •
		\$15,000 on Form 990-EZ, line 6a	·			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ď	1	Gross revenue				
					·	
uses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				_
Direc	4	Rent/facility costs		,		
	5	Other direct expenses	ļ			
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			<u></u>
а	ls t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a No," explain	ctivities in each of these	states?		Yes No
	_			·		
		ere any of the organization's gaming licenses re Yes," explain	•	erminated during the tax	year?	Yes No
	_					
8320	32 10	D-03-18		· · · · · · · · · · · · · · · · · · ·	Schedule G (Fo	rm 990 or 990-EZ) 2018

### CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

Schedule G (Form 990 or 990-EZ) 2018 DBA: TWIN CITIES AREA CHAPTER OF CFMA 41-1	L871451	Page 3
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	%
·	13b	<del></del>
b An outside facility	[ 130 ]	
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 > \$		
<u></u>		
Description of services provided		
Director/officer Employee Independent contractor		
Employee Employee		
47 Mandatani diatributiana		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
retain the state gaming license?	res	∟ No
<b>b</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 Pa	ırt III, lines 9,	, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
	***	
832083 10-03-18 Schedule G (Form	n 990 or 990	-EZ) 2018

		CONST	RUCTIO	N FINA	NCIAL	MANAGEM	ENT	ASSOC		
Schedule G	(Form 990 or 990-EZ)  Supplemental Infor	DBA:	TWIN (	CITIES	AREA	CHAPTER	OF	CFMA	41-1871451 Pag	e <b>4</b>
Part IV	Supplemental Infor	mation (co	ontinued)							
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	<del></del>	<del></del>	<del></del>		<del>_</del>			<del> </del>	<del>-</del>	
		<u> </u>	=					_		
								Sch	edule G (Form 990 or 990	·EZ)

### **SCHEDULE 0**

(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.

OMB No 1545-0047

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

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

**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: 06/04/18 AMOUNT GIVEN: 2,000. ACTIVITY CLASSIFICATION: CFMA EDUCATIONAL ENDOWMENT 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: 12/01/18 50,000. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP GRANTEE NAME: WINONA STATE UNIVERSITY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization CONSTRUCTION FINANCIAL MANAGEMENT DBA: TWIN CITIES AREA CHAPTER	OF CFMA Employer identification r	uml
GRANTEE ADDRESS: 175 W MARK ST WINONA, MN 55987		
GRANTEE RELATIONSHIP: NONE		
PROPERTY DESCRIPTION: CASH	<u> </u>	
METHOD USED TO DETERMINE BOOK VALUE: COST		
DATE OF GIFT: 01/20/19		
AMOUNT GIVEN:	1,	00
ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP		
GRANTEE NAME: UNIVERSITY OF WISCONSIN - STOUT		
GRANTEE ADDRESS: 712 BROADWAY ST S MENOMONIE, W	VI 5 <b>4</b> 751	
GRANTEE RELATIONSHIP: NONE		
PROPERTY DESCRIPTION: CASH		
METHOD USED TO DETERMINE BOOK VALUE: COST		
DATE OF GIFT: 01/20/19		
AMOUNT GIVEN:	1,	00
ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP		
ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP  GRANTEE NAME: IOWA STATE UNIVERSITY		
	50011	
GRANTEE NAME: IOWA STATE UNIVERSITY  GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA	50011	
GRANTEE NAME: IOWA STATE UNIVERSITY	50011	00
GRANTEE NAME: IOWA STATE UNIVERSITY  GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA !  DATE OF GIFT: 01/20/19  AMOUNT GIVEN:		
GRANTEE NAME: IOWA STATE UNIVERSITY  GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA !  DATE OF GIFT: 01/20/19  AMOUNT GIVEN:  TOTAL INCLUDED ON FORM 990-EZ, LINE 10	1,	
GRANTEE NAME: IOWA STATE UNIVERSITY  GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA !  DATE OF GIFT: 01/20/19	1,	00
GRANTEE NAME: IOWA STATE UNIVERSITY  GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA !  DATE OF GIFT: 01/20/19  AMOUNT GIVEN:  TOTAL INCLUDED ON FORM 990-EZ, LINE 10  FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  DESCRIPTION OF OTHER EXPENSES:	1, 55,	00
GRANTEE NAME: IOWA STATE UNIVERSITY  GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA !  DATE OF GIFT: 01/20/19  AMOUNT GIVEN:  TOTAL INCLUDED ON FORM 990-EZ, LINE 10  FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	1, 55, AMOUNT	:

Name of the organization CONSTRUCTION FINANCIAL MANAGEMED DBA: TWIN CITIES AREA CHAPTER		Employer identi	
FEES - CREDIT CARD AND REGISTRATION SERVICE			1,000.
BANK CHARGES		<u></u>	49.
POSTAGE AND MAILING			20.
SOFTWARE EXPENSE			1,040.
SUPPLIES			66.
TOTAL TO FORM 990-EZ, LINE 16			25,999.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF	YEAR ENI	OF YEAR
PREPAID EXPENSES AND OTHER ASSETS	1	,000.	1,500.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	ES:		
DESCRIPTION	BEG. OF	YEAR ENI	OF YEAR
ACCRUED EXPENSES		0.	908.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE	- TO PROMO	TE THE EDUC	CATIONAL
AND COMMON BUSINESS INTERESTS OF FINANCIAL MANA	AGERS, EXE	CUTIVES AND	<u> </u>
SERVICE PROVIDERS INVOLVED IN THE CONSTRUCTION	INDUSTRY.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE	E ACCOMPLI	SHMENTS:	
THE TWIN CITIES AREA CHAPTER OF CFMA HOSTED CFM	MA DAY.		
CFMA DAY IS DESIGNED TO PROVIDE EDUCATIONAL AND	NETWORKI	NG	
OPPORTUNITIES TAILORED TO FINANCIAL ASPECTS OF	THE		
CONSTRUCTION INDUSTRY. THROUGHOUT THE DAY ATTE	ENDEES PAR	TICIPATE I	<u> </u>
BREAKOUT SESSIONS ON TIMELY CONSTRUCTION-RELATE	ED TOPICS	AND HAVE TI	HE
OPPORTUNITY TO NETWORK WITH PEERS.			<del></del>
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE			
832212 10-10-18 1 1	Sche	edule O (Form 990 o	r 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 CONSTRUCTION FINANCIAL MANAGEMENT ASSOC Employer identification number Name of the organization TWIN CITIES AREA CHAPTER OF CFMA 41-1871451 DBA: 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 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 AND REGIONAL ACEDEMIC INSTITUTIONS 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.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC **Employer identification number** Name of the organization TWIN CITIES AREA CHAPTER OF CFMA 41-1871451 DBA: Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title compensation position (If not paid, enter -0-) PAUL LONGSDORF DIRECTOR 2.00 0. 0. 0. MARIE BARNUM VICE PRESIDENT 2.00 0. 0. 0.

832471 04-01-18