

2949206505202 1

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. **1903**Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2018 calendar year, or tax year beginning APR 1, 2018 and ending MAR 31, 2019	
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 06
	D Employer identification number 41-1871451
	E Telephone number 651-489-1321
	F Group Exemption Number ▶
	G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶
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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 56,456.	

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	17,345.
	2	Program service revenue including government fees and contracts	2	26,030.
	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 \$ 12,759. 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	13,066.
c	Less: direct expenses from gaming and fundraising events	6c	7,577.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,489.	
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	48,879.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	55,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,899.
	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	25,999.
	17	Total expenses. Add lines 10 through 16	17	84,898.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<36,019.>
	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	142,441.
	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	106,422.

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

Form **990-EZ** (2018)

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	141,441.	105,830.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,000.	1,500.
25 Total assets	142,441.	107,330.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	908.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	142,441.	106,422.

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 ☐ 31a32 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
JOHN KAPPAHNAH				
PRESIDENT	2.00	0.	0.	0.
TOM OPFAR				
VICE PRESIDENT	2.00	0.	0.	0.
WILL TITUS				
VICE PRESIDENT	2.00	0.	0.	0.
ERIC KIRSCHNER				
VICE PRESIDENT	2.00	0.	0.	0.
JOHN MARKERT				
VICE PRESIDENT	2.00	0.	0.	0.
JASON BAKKE				
VICE PRESIDENT	2.00	0.	0.	0.
NATE WEAVER				
VICE PRESIDENT	2.00	0.	0.	0.
THERESA WEATHERLY				
TREASURER	2.00	0.	0.	0.
ANN KVAAL				
SECRETARY / ADMIN ASST	5.00	3,899.	0.	0.
LORIE EAKER				
DIRECTOR	2.00	0.	0.	0.
BOB BOWMAN				
DIRECTOR	2.00	0.	0.	0.
JOHN KLEIN				
DIRECTOR	2.00	0.	0.	0.

60

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

Form 990-EZ (2018)

DBA: TWIN CITIES AREA CHAPTER OF CFMA

41-1871451

Page 3

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
35b 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	
35c 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	0.	
37b 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
38b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
39a Gross receipts, included on line 9, for public use of club facilities	N/A	
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	
40b 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	N/A	
40c 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	
40d 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	
40e 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	
Located at	1027 W. ROSELAWN AVENUE, ROSEVILLE, MN	
Telephone no.	651-489-1321	
ZIP + 4	55113	
42b 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).		
42c 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
44b 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
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d 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
45b 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		

Form 990-EZ (2018)

- 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
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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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

Signature of officer

Theresa Weatherly

Date

8-10-20

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 (2018)

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

Schedule G (Form 990 or 990-EZ) 2018 **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 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	25,825.			25,825.
	2 Less Contributions	12,759.			12,759.
	3 Gross income (line 1 minus line 2)	13,066.			13,066.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,577.			7,577.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,577.
	11 Net income summary. Subtract line 10 from line 3, column (d)				5,489.

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))
1 Gross revenue				
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 _____

Schedule G (Form 990 or 990-EZ) 2018 DBA: TWIN CITIES AREA CHAPTER OF CFMA 41-1871451 Page 3

14030810	131839	7651	2018.06010	CONSTRUCTION FINANCIAL MANA	7651	1
----------	--------	------	------------	-----------------------------	------	---

CONSTRUCTION FINANCIAL MANAGEMENT ASSOC

Schedule G (Form 990 or 990-EZ)

DBA: TWIN CITIES AREA CHAPTER OF CFMA 41-1871451 Page 4

Part IV Supplemental Information (continued)

Lined area for supplemental information.

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

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: 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

AMOUNT GIVEN:

50,000.

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 ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
--------------------------	--	--

GRANTEE ADDRESS: 175 W MARK ST WINONA, MN 55987

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

DATE OF GIFT: 01/20/19

AMOUNT GIVEN: 1,000.

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: 01/20/19

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: CFMA SCHOLARSHIP

GRANTEE NAME: IOWA STATE UNIVERSITY

GRANTEE ADDRESS: 1800 SOUTH FOURTH ST AMES, IA 50011

DATE OF GIFT: 01/20/19

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 55,000.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

GENERAL MEETING EXPENSE 11,646.

CFMA DAY EXPENSE 11,871.

COMMITTEE EXPENSE 307.

Name of the organization	CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
--------------------------	--	--

FEES - CREDIT CARD AND REGISTRATION SERVICE	1,000.
BANK CHARGES	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	END OF YEAR
PREPAID EXPENSES AND OTHER ASSETS	1,000.	1,500.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED EXPENSES	0.	908.

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.

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

Name of the organization	CONSTRUCTION FINANCIAL MANAGEMENT ASSOC DBA: TWIN CITIES AREA CHAPTER OF CFMA	Employer identification number 41-1871451
--------------------------	--	--

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

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
----------------	--

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
----------------	--

832471 04-01-18 Schedule O (Form 990 or 990-EZ)