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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04-01-2009, and ending 03-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION OF MILWAUKEE (CO TEAM INC)	D Employer identification number 22-2766424
		Number and street (or P O box, if mail is not delivered to street address) Room/suite W175 N11117 STONEWOOD DRIVE No 204	E Telephone number (414) 287-2638
		City or town, state or country, and ZIP + 4 GERMANTOWN, WI 53022	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)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 21,805**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																													
	2 Program service revenue including government fees and contracts																											7,460		
	3 Membership dues and assessments																											3,650		
	4 Investment income																													
	5a Gross amount from sale of assets other than inventory																													
	b Less cost or other basis and sales expenses																													
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																													
	a Gross revenue (not including \$ of contributions reported on line 1)																													
b Less direct expenses other than fundraising expenses																														
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																														
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)																														
8 Other revenue (describe)																														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																													11,514	
Expenses	10 Grants and similar amounts paid (attach schedule)																													
	11 Benefits paid to or for members																													
	12 Salaries, other compensation, and employee benefits																													
	13 Professional fees and other payments to independent contractors																												5,215	
	14 Occupancy, rent, utilities, and maintenance																													
	15 Printing, publications, postage, and shipping																													
	16 Other expenses (describe)																												4,766	
17 Total expenses. Add lines 10 through 16																													9,981	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																													1,533	
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)																													23,801	
20 Other changes in net assets or fund balances (attach explanation)																														
21 Net assets or fund balances at end of year. Combine lines 18 through 20																													25,334	

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		23,801	22 25,334
23 Land and buildings			23
24 Other assets (describe)			24
25 Total assets		23,801	25 25,334
26 Total liabilities (describe)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		23,801	27 25,334

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? CONSTRUCTION ACCOUNTING ASSOCIATION ASSOCIATION OF CONSTRUCTION FINANCIAL PERSONNEL	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 THE MEMBERS MEET SEVEN TIMES A YEAR TO HEAR SPEAKERS DISCUSS FINANCIAL AND RELATED MATTERS THAT EFFECT THE CONSTRUCTION INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	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)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-06-25

Type or print name and title: John P VanderBloemen PRESIDENT

Paid Preparer's Use Only

Preparer's signature: The VanderBloemen Group LLC Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: The VanderBloemen Group LLC, W223 N720 Saratoga Drive Suite 100, Waukesha, WI 53186

Preparer's identifying number (See instructions): _____

EIN: _____

Phone no: (262) 574-0374

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to 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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION OF MILWAUKEE (CO TEAM INC)

Employer identification number 22-2766424

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name 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. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	10,695			10,695
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,695			10,695
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,291			10,291
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				10,291
11 Net income summary Combine lines 3, column d, and line 10. ▶				404	

Part III Gaming. Complete if the organization answered "Yes" to 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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated 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?		15a	
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			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Other Expenses Schedule

Name: CONSTRUCTION FINANCIAL MANAGEMENT
 ASSOCIATION OF MILWAUKEE (CO TEAM INC)
EIN: 22-2766424

Description	Amount
MEETING EXPENSES	3,600
MISCELLANEOUS EXPENSES	1,166

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: CONSTRUCTION FINANCIAL MANAGEMENT
ASSOCIATION OF MILWAUKEE (CO TEAM INC)

EIN: 22-2766424

Declaration: 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.

Additional Data**Software ID:****Software Version:****EIN:** 22-2766424**Name:** CONSTRUCTION FINANCIAL MANAGEMENT
ASSOCIATION OF MILWAUKEE (CO TEAM INC)**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN VANDERBLOEMEN W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	PRESIDENT 4 00	0	0	0
TODD RAKOWSKI W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	VICE PRESIDENT 2 00	0	0	0
BARBARA SHEEDY W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	SECRETARY 2 00	0	0	0
BRIAN KRAUSE W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	TREASURER 2 00	0	0	0
BRIAN KRAUS W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	PAST-PRESIDENT 1 00	0	0	0
ERIC CARLSON W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	DIRECTOR 1 00	0	0	0
KAREN DOERNER W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	DIRECTOR 1 00	0	0	0
SCOTT HIRSCHFELD W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	DIRECTOR 1 00	0	0	0
BRIAN O'NEILL W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	DIRECTOR 1 00	0	0	0
HEATHER WRASMAN W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	DIRECTOR 1 00	0	0	0
SETH MICHELSON W175 N11117 STONEWOOD DRIVE SUITE 2 GERMANTOWN, WI 53022	DIRECTOR 1 00	0	0	0