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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u>	For the	e 2009 cal	endar year, or tax year beginning JUL 1, 2009 and ending	<u>JUN 30, 2010</u>	
В	Chack if applicable	Please use IRS	C Name of organization	D Employer identific	eation number
	Addre	label or print or	CMI EDUCATION INSTITUTE, INC.		
Ē	Name chang	type	Doing Business As	26-38	896894
	lnitial return		Number and street (or P 0. box if mail is not delivered to street address) Room/s		
	Termir ated	Instruc-	3839 WHITE AVENUE		855-8120
	Amen- return		City or town, state or country, and ZIP + 4	G Gross receipts \$	1,770,724.
	Application		EAU CLAIRE, WI 54703	H(a) Is this a group re	turn
	pendu	FNan	ne and address of principal officer MICHAEL CONNER	for affiliates?	Yes X No
			9 WHITE AVENUE, EAU CLAIRE, WI 54703	H(b) Are all affiliates incl	uded? Yes No
			us: X 501(c) (3) ◀ (insert no.)	If "No," attach a	list (see instructions)
			W.CMIEDUCATION.ORG	H(c) Group exemption	
				rear of formation: 2008 M	State of legal domicile: WI
		Summ		O DDIIONATON N	
ភាខិ	1		scribe the organization's mission or most significant activities PROVIDIN IEALTH CARE PROFESSIONALS.	G EDUCATION AL	ND TRAINING
Activities & Governance	2		s box In the organization discontinued its operations or disposed of r	nore than 25% of its not as	note.
Z §	3		of voting members of the governing body (Part VI, line 1a)	1.1	7
≥ β	4		of independent voting members of the governing body (Part VI, line 1b)	3	- 7
3 g	5		aber of employees (Part V, line 2a)	5	
	6		aber of volunteers (estimate if necessary)	6	0
Πŧ	7a		is unrelated business revenue from Part VIII, column (C), line 12	7a	60,746.
~ - <u>~</u>		Net unrela	ated business taxable income from Form 990-T, line 34	7b	49,177.
7 >				Prior Year	Current Year
	8		ions and grants (Part VIII, line 1h)		60,512.
	9	Program s	service revenue (Part VIII, line 2g) RECEIVED [333,865.	1,642,827.
Sevenue Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		<u> 252.</u>
_	11	Other reve	enue (Part VIII, column (A), ကြန္မန္ 5, ရွိရာ မွင, မွင့္အ109, ၉၈ (116)	70,877.	67,133.
_			nue · add lines 8 through 11 (must equal Part VIII, column (A) line 12)	404,742.	1,770,724.
			d similar amounts paid (Part IX, bolumn (A); lines 1:3)	254 445	
	1		paid to or for members (Part IX, column A), Tind 4) UT	351,417.	442 450
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	64,213.	113,158.
en	16a		nal fundraising fees (Part IX, column (A), line 11e)		
Ä	1,0		draising expenses (Part IX, column (D), line 25)	116,397.	1 602 460
			enses (Part IX, column (A), lines 11a-11d, 11f-24f) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	532,027.	1,602,468. 1,715,626.
	- 1	•	less expenses Subtract line 18 from line 12	-127,285.	55,098.
50	<u> </u>	110401100	loca expenses Capitaet line 10 nont line 12	Beginning of Current Year	End of Year
ets	20	Total asse	ets (Part X, line 16)	192,275.	212,614.
ASS	21		lities (Part X, line 26)	319,560.	284,802.
Net Assets or	∄ 22	Net asset	s or fund balances Subtract line 21 from line 20	-127,285.	-72,188.
P	art II		ture Block		
		Under pena	ulties of derjury, I declare that I have examined this return, including accompanying schedules and stateme te Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowledg	e and belief, it is true, correct,
		· .	M_{-1} V Λ	4	
Sig	gn		fic Conne	11/15/	10
He	ere	Sign	1	Date *	
		MI	CHAEL CONNER, PRESIDENT e or print name and title		
_			Doto	Check if Prepare	r's identifying number
Pa	id	Preparer's	JANET TOLANDER 10/22/10	self (see ins	tructions)
	eparer's	Firm's name		EIN > 41-	0746749
Us	e Only	yours if self-employ	(ed), 2411 N. HILLCREST PARKWAY	71-	<u> </u>
		address, an ZIP + 4	ALTOONA, WI 54720	Phone no. ► 7	15-852-1100
Ma	ay the II	RS discus	s this return with the preparer shown above? (see instructions)	1	X Yes No

_	n 990 (2009) CMI EDUCATION INSTITUTE, INC	• 26-3896894 Pa	ge 2
Par	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission.		
	PROVIDING EDUCATION AND TRAINING FOR HEAL	TH CARE PROFESSIONALS.	
			
2	Did the organization undertake any significant program services during the year wh	ich were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O	ies	140
3	Did the organization cease conducting, or make significant changes in how it cond	ucts, any program services?	N
3		ucts, any program services?	NO
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three lar		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are requ		
	allocations to others, the total expenses, and revenue, if any, for each program ser	vice reported	
	4 505 500		
4a	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		•)
	WE PROVIDED HIGH-QUALITY EDUCATION AND TR		
	PROFESSIONALS, COUNSELING PROFESSIONALS A		
	TOPICS RELATING TO PALLIATIVE CARE, MENTA		
	BEREAVEMENT, SERIOUS ILLNESS, LOSS AND/OR		O
	HEALTHCARE AND MENTAL HEALTH PROFESSIONAL	S THROUGH 101 SEMINARS.	
41	(O.1)		
4b	(Code.) (Expenses \$ including grants of	\$) (Revenue \$)
4	(Code: \\[\(\sigma\)	Λ	
4c	(Code:) (Expenses \$ including grants of	\$)(Revenue \$)
A ~4	Other program services (Describe in Schedule O.)		
4d	, , , , , , , , , , , , , , , , , , , ,	/Devenue &	
	(Expenses \$ including grants of \$)	(Revenue \$)	
	1 525 500		

10411022 133509 107829

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Pai	t IV Checklist of Required Schedules		T	
	In the experience decomb advances on E01(a)(2) or 4047(a)(1) (atherthor a provide formula to 10		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	v	
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1	X_	v
		2	-	X
3	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	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	١_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			\ .
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		•
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	-	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			1
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X,			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		}	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_		
	Schedule D, Parts XI, XII, and XIII.	12	 	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	 _ _	<u> </u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,,
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ <u>.</u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٦,
	located outside the United States? If "Yes," complete Schedule F, Part III	16	 -	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X

Form 990 (2009)

X

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Form 990 (2009) CMI EDUCATION INSTITUTE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ĺ	
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ĺ	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		•	
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	, , , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	—	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	_X_
34	Was the organization related to any tax-exempt or taxable entity?			٦,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,5
	If "Yes," complete Schedule R, Part V, line 2	_36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O.	<u>38</u>	<u>X</u> 990 (2000
		LOLU	33U (ZUU9)

Form 990 (2009) CMI EDUCATION INSTITUTE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1095, Annual Summary and Transmittal of U.S. Information Returns. Enter 6- if not applicable 19			_		Yes	No
b. Enter the number of Forms W2G included in line 1a. Enter 0-4 not applicable Old the organization comply with backup with backup with bolding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the cleindary year ending with or within the year covered by this return. 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c. Note. If the sum office is a face 250, you may be required to e-file the return. (see instructions) 3b. If Yes, has if the file a Form 990 For this year? 1/1 "No. 'provide an explanation in Schedule O 4d. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and the foreign country, "No. 'provide an explanation in Schedule O 4d. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and the financial account; or successful and in the foreign country. "No. 'provide an explanation in Schedule O 4d. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and the foreign country." No. 'provide an explanation of schedule organization and filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial Accounts. 5d. If Yes, to line 5a or 5b, did the organization filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial Accounts. 5d. If Yes, to line 5a or 5b, did the organization file form 8896.7, Discisure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6d. If Yes, if the organization receive deductible? 6d. If Yes, if the organization receive deductible? 7	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			- 1	
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return In the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return. See instructions) If a least one is reported on line 2a, did the organization file all crequired federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return. See instructions) If 'Yes, 'has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O 4a. 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 (see has a bank account, or other financial account)? If 'Yes, 'noter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes, 'not line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes, 'not line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes, 'not the same of the organization that it was or is a party to a prohibited tax shelter transaction? The year of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If 'Yes, 'not differ organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of the organization shall may receive deductible or ontributions under section \$100,000, and did the organization solicit any organizations that may receive deductible or ontributions or did the		U.S. Information Returns. Enter -0- if not applicable	19	i	1	
Sembling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar-year ending with or within the year covered by this return 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b) If Yes, That is filed a Form 990-90 For this year? If *No.* provide an explanation in Schedule On the authority over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a toreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a financial	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
28 Either the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 8 If all east one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return, (see instructions). 9 If Ves, "has it filed a Form 990-7 for this year? If "No," provide an explanation in Schedule O. 9 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) in a foreign country. 9 If "Yes," enter the name of the foreign country. 9 See the instructions for exceptions and filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 9 If "Yes," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 10 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 11 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 12 Organizations that may receive deductible contributions under section 170(c). 13 If the organization exceeped a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 14 If "Yes," indicate the number of Forms 88282 filed during the year. 15 Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 15 Did the organization maintaining donor advised funds. 16 Did t	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
field for the calendary year ending with or within the year covered by this return If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2as greater than 250, you may be required to e-file this return, isse instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If 'Yes,' and is filed a Form 9950 Ffor this year? If 'Mo,' provide an explanation in Schedule 0 4a. 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. Important of the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5b. Was the organization a party to a prohibited tax sheller transaction? 6b. Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 6c. If 'Yes,' to line 3a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c. If 'Yes,' to line 3a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c. If 'Yes,' to line 3a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c. If 'Yes,' to line 3a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity any contributions that were not tax deductible? 6c. If 'Yes,' to did the organization notify the donor of the value of the goods or services provided? 6c. If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 6c. If 'Yes,' indicate the number of Forms 88282 filed during the year 6c. If 'Yes,' indicate the number of Forms 88282 filed during the year 7d. If 'Yes,' indicate the number of Forms 88282 filed during the year 7d. If year organization is		(gambling) winnings to prize winners?		1c_		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-Tf or this year? If "No," provide an explanation in Schedule 0 3a At any time during the calendary 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 accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 5b If "Yes," enter the name of the foreign country. 5ce the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization and party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Draw and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d by the organization shall part to the payor? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," indicate the number of Forms 8282	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	3			
3a	þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b_		_ <u>X</u> _
b if "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a 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)? b if "Yes," enter the name of the foreign country, ▶ See the instructions for exceptions and filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? c if "Yes," to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5 a or 5b, did the organization flie Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms 8282 filed during the year C bid the organization qualified intellectual property, did the organization file Form 8899 as required? 7 Por all contributions of qualified intellectual property, did the organization file Form 9899 as required? 7 Por all contributions of cars, boats, airplanes, and other vehicles, did the organization, have excess business holdings at any time during the year, receive any funds directly or indirectly, on a personal benefit contract? 7 Por all contributions of cars, boats, airplanes, and other vehicles, did the organization, have excess business holdin		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

b 8 2 1 3 6 4 1 5 1 6 1 5 6 1 6 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Fo Did the organization become aware during the year of a material diversion of the organization's assertions the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more me governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other per Did the organization contemporaneously document the meetings held or written actions undertaken	ne dire orm 99 ts? ember	ct supervision	7 7 2 3 4 5 6	Yes	X X X
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8 I	Did the organization contemporaneously document the meetings held or written actions undertaken	rsons'		7a		<u>X</u>
l.			?	7b		_X_
_		during	g the year			
a	by the following.					
	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b		_X_
	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code)		1	
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b	- V	
	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling tr	ie form?	11	Х	Γ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v	l
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that col to conflicts?	uia giv	re rise	12b	х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>	"Voc "	describe	120	Λ	
	in Schedule O how this is done	103,	describe	12c	х	1
	Does the organization have a written whistleblower policy?			13	X	
	Does the organization have a written document retention and destruction policy?			14	Х	
	Did the process for determining compensation of the following persons include a review and approvi	al by i	ndependent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				l
	The organization's CEO, Executive Director, or top management official			15a	X	l
-	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			-:	_ -	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			ļ
	taxable entity during the year?			16a		X
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?			. 16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►WI, VA, TX					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) availal	ole for		
	public inspection indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request					
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest policy	, and fina	ncial	
	statements available to the public.					
	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the organ	zation.		
	VICKI PFLIEGER - 715-855-8137					
	3839 WHITE AVE, EAU CLAIRE, WI 54703			Form	990 (2000

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position						(D)	(E) Reportable	(F) Estimated
Name and Title	hours	(c				і арр	lv)	Reportable compensation	reportable compensation	amount of
	per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MICHAEL CONNER									_	_
PRESIDENT	2.00			X		ļ		200.	0.	0
BRADLEY POQUETTE	0 20			İ				200	0	•
VICE PRESIDENT KENNETH OLSON	0.20			-		 		200.	0.	0
SECRETARY	0.20							200.	0.	0
JEFF WHITE	0.20	 	<u> </u>					200.		0
TREASURER	0.20							200.	0.	0
MARK HELLAND										
DIRECTOR	0.20							200.	0.	0
DOUGLAS RICHARDSON										
DIRECTOR	0.20					ļ		200.	0.	0
ELLIS STEWART DIRECTOR	0.20		ŀ					200.	0.	•
	0.20							200.	0.	0
										<u> </u>
				_		-				

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Par	Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	High	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B)		(C)					(D)	(E)		(F)		
	 Name and title 	Average	١.		Pos				Reportable	Reportable		Estimat		
	•	hours per	1	(check 흥		that	арр	ly)	compensation from	compensation from related organizations		amoun othe	r	
2 T		week	Individual trustee or director	Institutional frustee	Officer	Key employee	key employee Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and related organizations		
				_							_			
											+			
								_						
							-				+			
											+			
								-		-				
1b	Total	· ,,	1	•		1	┢		1,400.		o .		0.	
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 in reportable				
	compensation from the organization	· <u></u>											0	
											_	Yes	No	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual				•				. ,		3	X	
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	," со	mpl	ete S	Sch	edul	e J f	for such individual	-		4	<u>x</u>	
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	y uni	elat	ed organization for serv	ices rendered to		_	x	
Sec	tion B. Independent Contractors	ule J IOI SUCII	pers	OH								5	1 🕰	
1	Complete this table for your five highest countered the organization.	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	ensat	on from		
	(A) Name and business	address							(B) Description of s	services	Cor	(C) npensati	on	
											_			
		·····												
2	Total number of independent contractors (\$100,000 in compensation from the organi	-	not li	imite	d to		se li 0	stec	d above) who received r	nore than				
											F	orm 990	(2000)	

Form 990 (2009)

60,746.

1770724.

Total revenue. See instructions.

1649466.

	Section 501(c)(3) a . All other organizations must comple		tions must complete al		(D)
	not include amounts reported on lines 6b.	(A) Dut are	(B)	(C)	
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	112 150		112 150	
7	Other salaries and wages	113,158.		113,158.	
8	Pension plan contributions (include section 401(k)		ļ		
^	and section 403(b) employer contributions) Other employee benefits				
9	• • • • • • • • • • • • • • • • • • • •				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	6,441.		6,441.	
b	Legal	6,009.		6,009.	
Ç	Accounting	0,003.		0,003.	
d	Lobbying Professional fundrations convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other	221,059.	221,059.		
g 40	Advertising and promotion	429,863.	429,863.		
12	Office expenses	3,964.	423,003.	3,964.	
13	Information technology	3,904.		3,904.	
14	Royalties				
15	· -				
16	Occupancy Travel	518.		518.	
17	Payments of travel or entertainment expenses	310.			<u>. </u>
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	1,421.		1,421.	
19 20	Interest	4,719.		4,719.	
21	Payments to affiliates	<u> </u>		=,110,	
22	Depreciation, depletion, and amortization	13,774.		13,774.	
23	Insurance				
24	Other expenses, itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	000 000	006 608		
a	COST OF SEMINARS	886,607.	886,607.	20 003	
b	TAXES	28,093.		28,093.	
C					
d					
e	All other expenses			-	
f	All other expenses Total functional expenses Add lines 1 through 24f	1,715,626.	1,537,529.	178,097.	
<u>25</u> _	Joint costs. Check here If following	1,113,040.	1,331,343.	1/0,03/•	<u>U•</u>
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	educational campaign and fundraising solicitation			L	- 000 (cocc)

Par	rt X	Balance Sheet				
		,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		113,853.	1	143,016.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,399.	4	15,625.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	3,659. 12,892.
Ÿ	9	Prepaid expenses and deferred charges		17,023.	9	12,892.
	10a	Land, buildings, and equipment, cost or other		· · · · · · · · · · · · · · · · · · ·		
		basis Complete Part VI of Schedule D	10a 1,196.			
	b	Less. accumulated depreciation	10ь 274.	0.	10c	922.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	50,000.	14	36,500.	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	192,275.	16	212,614.
	17	Accounts payable and accrued expenses	135,179.	17	99,830.	
	18	Grants payable		18		
	19	Deferred revenue	84,381.	19	134,972.	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,			
abi		highest compensated employees, and disqualifi	ed persons. Complete Part II			
⊐		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties	100,000.	23	50,000.
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		319,560.	26	284,802.
		Organizations that follow SFAS 117, check he	ere 🕨 🔲 and complete			
Š		lines 27 through 29, and lines 33 and 34.				
Ě	27	Unrestricted net assets			27	
3ala	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
ŏ		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0.	30	0.
\ss	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	0.	31	0.
et /	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	0.
Ź	33	Total net assets or fund balances		-127,285.		-72,188.
	34	Total liabilities and net assets/fund balances		192,275.	34	212,614.

Form **990** (2009)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

За

X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of t	the·organizati	on	· · · · · · · · · · · · · · · · · · ·					E	mployer id	dentification number
	·	CMI EDU	CATION INSTI	TUTE,	INC.				26	-3896894
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions		
The organ			because it is: (For lines	-		-	•			
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	rıbed ın se	ection 170	(b)(1)(A)(i)).		
2			'0(b)(1)(A)(ii). (Attach Sc							
3 🖳			tal service organization (
4 📙	A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	iı). Enter th	ne hospital's name,
	city, and stat					<u> </u>				
5 📖			benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	it describe	d ın
		(b)(1)(A)(iv). (Comple								
<u>•</u>			ent or governmental uni							
7 📖			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic described in
• [-	b)(1)(A)(vi). (Comple	•		5					
8 <u> </u>			ection 170(b)(1)(A)(vi).						_	
9 []			eives (1) more than 33							
			nctions - subject to certa	-	-	-				•
		509(a)(2). (Complete	axable income (less sect	lion o i i la	ix) iroini bu	isinesses a	acquirea b	y trie orga	anization at	mer June 30, 1975
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 500(a)(/	11		
11 🗔			perated exclusively for the		-			-	v out the n	ournoses of one or
· · —			ations described in secti							
			organization and compl				-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)(6).	on the box that
	a Type I		-	_	e III - Func		tegrated		d \square	Type III - Other
е 🔙			it the organization is not	-		-	-	r more dis		* *
			han one or more publicly							
f			ten determination from t						. (, / ,	
	supporting o	rganization, check th	nis box .		-	•				
9	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?	
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and ((III) below,	Yes No
	the gove	erning body of the su	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) abovi	e?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)					
			I CONTINUE	Γ				1		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			Lorganizatio	on in col. l	(vii) Amount of
orga	anization		(described on lines 1-9		sted in your document?			(i) organiz	ged in the	support
			above or IRC section (see instructions))	Yes	No	Yes		Yes	,	
			(acc mandenona))	165	NO	res	No	res	No	
								Ì		
				 		-				
							}			
					-		····	i		
				-	ļ			-		
Total										

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

(Complete only if you checked	d the box on line f	5, 7, or 8 of Part I)			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Section A. Public Support		T	···			· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 ,Gifts, grants, contributions, and	1		}			
membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organ-		 				
ization's benefit and either paid to						
or expended on its behalf					l	
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions				 	 	
by each person (other than a			}			
governmental unit or publicly			Ì			
supported organization) included						
on line 1 that exceeds 2% of the	1]			1
amount shown on line 11,					ł	
column (f)					-	
6 Public support. Subtract line 5 from line 4						
Section B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		<u> </u>				
8 Gross income from interest,						
dividends, payments received on			\			ļ
securities loans, rents, royalties						
and income from similar sources				ļ	<u>-</u>	
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on		 			 	
10 Other income Do not include gain					1	
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10		1	<u> </u>	<u> </u>	1	l
12 Gross receipts from related activities,	-	•			12	
13 First five years. If the Form 990 is for	_	's first, second, thi	ra, τουπη, or τιπη τ	ax year as a secti	on 501(c)(3)	► .
organization, check this box and stor Section C. Computation of Publ		ercentage				
14 Public support percentage for 2009 (column (f))		14	
15 Public support percentage from 2008		•			15	
16a 33 1/3% support test - 2009.If the o			n line 13, and line	14 is 33 1/3% or i	<u> </u>	
stop here. The organization qualifies	as a publicly sup	ported organization	n		·	▶□
b 33 1/3% support test - 2008. If the o				l line 15 is 33 1/3%	6 or more, check th	is box
and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶□
17a 10% -facts-and-circumstances tes	•			e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fac	ts-and-circumsta	nces" test, check t	his box and stop I	here. Explain in Pa	art IV how the orgai	nization
meets the "facts-and-circumstances"	test The organiz	ation qualifies as a	publicly supporte	d organization		▶□
b 10% -facts-and-circumstances tes	t - 2008.If the orc	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the	he "facts-and-circ	umstances" test, c	heck this box and	stop here. Expla	in in Part IV how the	e .
organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a publ	licly supported org	janization	▶□
18 Private foundation. If the organization	on did not check a	a box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ıs 🕨
				Sch	edule A (Form 990	or 990-EZ) 200

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") <u>3</u>5,8<u>86</u>. 60,512. 96,398. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 333,865 organization's tax-exempt purpose 1,642,827 1,976,692. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 369,751 6 Total. Add lines 1 through 5 2.073.090. 1,703,339 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 2.073.090. Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 369,751 9 Amounts from line 6 1,703,339 2,073,090, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is 34,878. 60,746. 95,624. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 113 6,639 6.752. assets (Explain in Part IV.) 404.742 Total support (Add lines 9, 10c, 11, and 12) 175,466, 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, $\triangleright X$ check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization CMI EDUCATION INSTITUTE, INC. 26-3896894

Employer identification number

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line 6							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds					
-	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a	J .						
	for charitable purposes and not for the benefit of the donor of		•					
	impermissible private benefit?		Yes No					
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.						
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or p		istorically important land area					
	Protection of natural habitat	· · · · · · · ·	rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last					
	day of the tax year.							
	•		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	` '	2d					
3	Number of conservation easements modified, transferred, re-		ne organization during the tax					
	year▶	,	3					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	f					
	violations, and enforcement of the conservation easements in	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for					
	conservation easements							
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116, no							
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of					
	the footnote to its financial statements that describes these items							
b	If the organization elected, as permitted under SFAS 116, to							
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to					
	these items:							
	(i) Revenues included in Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	ıal gaın, provide					
	the following amounts required to be reported under SFAS 116 relating to these items							
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$					
b	Assets included in Form 990, Part X		▶ \$					

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Schedule D (Form 990) 2009

	dule D (Form 990) 2009 CMI EDU							-389			
Par	t III Organizations Maintaining C	ollections	of Art, Hist	torical 1	reasures,	or Other	Similar .	Asset:	S (conti	nued)	1
3	Using the organization's acquisition, accessi	on, and other r	ecords, check	any of th	e following tha	at are a sig	nificant use	of its co	ollection	ıtem	s
	(check all that apply).										
а	Public exhibition		d 🔲	Loan or ex	kchange progra	ams					
b,	Scholarly research		е 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and	explain how th	ey furthe	r the organizati	on's exem	pt purpose	in Part 2	XIV.		
5	During the year, did the organization solicit o				_						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					s" to Form	990. Part I	V. line 9.			
	reported an amount on Form 990, Par							.,	,		
	Is the organization an agent, trustee, custod	an or other into	ermediary for	contributi	ons or other as	sets not i	ncluded				
	on Form 990, Part X?		•						Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete	the following t	table.							
-									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year	•					1e				
•	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990 Part	X line 212				<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIV	51111 550, 1 art /	Α, πιο 2 τ τ						163		7 140
Par		f the organizat	on answered	"Yes" to f	orm 990. Part	IV. line 10					
		(a) Current y		nor year	(c) Two yea		1) Three year	s hack	(e) Four	Veare	hack
1a	Beginning of year balance	(a) Current y	CEI (D) I	noi year	(C) Two yea	II S Dack 16	a) Thice year	3 Dack	(e) i oui	years	DUCK
h	Contributions				 						
0	Net investment earnings, gains, and losses										
4	Grants or scholarships							+			
u	·	 -					<u> </u>				
е	Other expenditures for facilities										
	and programs							 -}			
T	Administrative expenses				-			+			
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the year	r end balance									
a	Board designated or quasi-endowment		%								
þ	Permanent endowment	%									
C		%									
За	Are there endowment funds not in the posse	ssion of the or	ganization tha	at are neic	and administe	erea for the	e organizati	on	г		<u> </u>
	by								\Box	Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		-
b	If "Yes" to 3a(ii), are the related organizations								3b		Щ_
4	Describe in Part XIV the intended uses of the					10					
Pai	t VI Investments - Land, Building					Γ'				 -	
	Description of investment	1 ''	st or other nvestment)		st or other is (other)	, , ,	cumulated reciation		(d) Book	valu	e
1a	Land					<u> </u>					
b	Buildings										
С	Leasehold improvements										
d	Equipment		1,196.				274			9	22.
e	Other										
Tota	I, Add lines 1a through 1e (Column (d) must e	equal Form 990	, Part X, colur	nn (B), line	e 10(c))			•		9	22.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 CMI EDUCAT Part VII Investments - Other Securities.	ION INSTITUTE	, INC.	26	<u>-3896894</u>	Page 3
(a) Description of security or category		2	(c) Method of value		
(including name of security)	(b) Book value		Cost or end-of-year man		
Financial derivatives					
Closely-held equity interests	<u> </u>			<u>.</u>	
Other					
		<u> </u>			
					
		<u> </u>			
		ļ <u> </u>			
	<u> </u>				
					 -
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	· <u> </u>				
Part VIII Investments - Program Related.	See Form 990, Part X, line	13			
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year mai		
	·	<u> </u>	- Cost or end-or-year mai		
					
					_
	<u> </u>				
					
				-	
		 			.
			<u> </u>		
Table (Col/h) must squal form COD Dort V col/D) line 12 \					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, II	no 15				· · ·
	(a) Description			(b) Book va	lue
	,-,-			(5) = 5	
					
					_
			·		
				· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)		<u> </u>		
Part X Other Liabilities. See Form 990, Part	X, line 25				
1. (a) Description of liability		(b) Amount			
Federal income taxes					
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)				
2. FIN 48 Footnote. In Part XIV, provide the text of the	footnote to the organization	's financial stateme	ents that reports the org	ganızatıon's liabilit	y for
uncertain tax positions under FIN 48		 			
932053 02-01-10		_	Sch	edule D (Form 9	90) 2009

		IC.		26-3	<u> 3896894</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		_	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4 ,	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5		-	
6	Investment expenses		6		-	
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8	-		
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			
	t XII Reconciliation of Revenue per Audited Financial Statemer		nue per F	Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				-	
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		7		
d	Other (Describe in Part XIV.)	2d		1		
e	Add lines 2a through 2d	Eu		20		
3	Subtract line 2e from line 1			2e		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			1		
7	Investment expenses not included on Form 990, Part VIII, line 7b	40		1		
a	Other (Describe in Part XIV)	4a		-		
b	,	4b		┨. ┠		
c	Add lines 4a and 4b			4c		
Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	nte With Eyne	neae nar	Botu	rn	
		into with Expe	nises per			
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1				
a	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
C	Other losses	_2c		-		
d	Other (Describe in Part XIV)	2d		4		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		J ⊦		
b	Other (Describe in Part XIV.)	4b]		
С	Add lines 4a and 4b			4c		
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines 1a and 4; Pa	art IV, lines 1	b and 2	b; Part V, line	4, Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete this part to pro	vide any ad	ditional	information	
						

932054 02-01-10

SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization CMI EDUCATION INSTITUTE, INC.	Employer identification number 26-3896894
FORM 990, PART VI, SECTION A, LINE 8B: MINUTES ARE KEPT	FOR ALL MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11: ALL MEMBERS OF THE PROVIDED A COPY OF THE 990 FOR REVIEW.	IE BOARD ARE
FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE E	SOARD ARE ASKED
FORM 990, PART VI, SECTION B, LINE 15: ALL COMPENSATION BOARD AND COMPARED TO INDUSTRY STANDARDS.	IS REVIEWED BY THE
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	