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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 04-01-2010, and ending 03-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION OF MILWAUKEE (C/O TEAM INC)
Number and street (or P O box, if mail is not delivered to street address) Room/suite: W175 N11117 STONEWOOD DRIVE NO 204
City or town, state or country, and ZIP + 4: GERMANTOWN, WI 53022

D Employer identification number: 22-2766424
E Telephone number: (414) 287-2638
F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)
I Website: WWW.CFMA.ORG/MILWAUKEE/
J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

H Check [X] 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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 22,212

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 14,472 and total expenses is 15,491, resulting in a deficit of 1,019.

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

| | (A) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 25,334 | 22 | 24,315 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 25,334 | 25 | 24,315 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 25,334 | 27 | 24,315 |

Part III Statement of Program Service Accomplishments

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 and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

CONSTRUCTION ACCOUNTING ASSOCIATION ASSOCIATION OF CONSTRUCTION FINANCIAL PERSONNEL

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 (describe in Schedule O) (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)

Check if the organization used Schedule O to respond to any question in this 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 |
|---------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for amounts, dates, and yes/no responses.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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"

Table with 3 columns: (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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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 section containing signature of officer (*****), date (2011-06-23), and name/title (TODD RAKOWSKI PRESIDENT).

Paid Preparer's Use Only section containing preparer's signature (JOHN VANDERBLOEMEN), date, check if self-employed, firm's name (THE VANDERBLOEMEN GROUP LLC), address, EIN, and phone number.

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION OF MILWAUKEE (C/O TEAM INC)

Employer identification number 22-2766424

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address 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.

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 II 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 | 8,245 | | | 8,245 |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 8,245 | | | 8,245 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 7,740 | | | 7,740 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 7,740 |
| 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | 505 | |

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 | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 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 and 7 in column (d) ▶ | | | | | |

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? 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 _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

| | |
|------------------------------------------------|------------|
| a The organization's facility | 13a |
| b An outside facility | 13b |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee 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? Yes No

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 ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CONSTRUCTION FINANCIAL MANAGEMENT
ASSOCIATION OF MILWAUKEE (C/O TEAM INC)

Employer identification number

22-2766424

| Identifier | Return Reference | Explanation |
|----------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION MEETING EXPENSES AMOUNT 3,907 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 191 TOTAL TO FORM 990-EZ, LINE 16 4,098 |

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: CONSTRUCTION FINANCIAL MANAGEMENT
ASSOCIATION OF MILWAUKEE (C/O 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 (C/O 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 |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| TODD RAKOWSKI W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | PRESIDENT 0 50 | 0 | 0 | 0 |
| KAREN DOERNER W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | VICE PRESIDENT 0 25 | 0 | 0 | 0 |
| BARBARA SHEEDY W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | SECRETARY 0 25 | 0 | 0 | 0 |
| BRIAN KRAUSE W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | TREASURER 0 25 | 0 | 0 | 0 |
| JOHN VANDERBLOEMEN W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | PAST-PRESIDENT 0 25 | 0 | 0 | 0 |
| BRIAN O'NEILL W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | DIRECTOR 0 25 | 0 | 0 | 0 |
| ERIC CARLSON W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | DIRECTOR 0 25 | 0 | 0 | 0 |
| HEATHER WRASMAN W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | DIRECTOR 0 25 | 0 | 0 | 0 |
| SCOTT HIRSCHFELD W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | DIRECTOR 0 25 | 0 | 0 | 0 |
| SETH MICHELSON W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | DIRECTOR 0 25 | 0 | 0 | 0 |
| MEG DOUGLAS W175 N11117 STONEWOOD DR SUITE 204 GERMANTOWN, WI 53022 | DIRECTOR 0 25 | 0 | 0 | 0 |