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DLN: 93493136041382

Form **990**

Department of the Treasury

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)

2010

OMB No 1545-0047

Open to Public Inspection

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

		2010	<u> </u>		4		тизр	ection
			lendar year, or tax year beging C Name of organization	nning 07-01-2010 and ending 06-30-201	1.	D Employer	identificatio	n number
	eck ıf a dress ch	pplicable	CONSTRUCTION ASSOCIATION C	OF SOUTH FLORIDA		59-0611		
		_	Doing Business As					
	me cha					E Telephon	e number	
_	tial retu rminate		Number and street (or P O box 2929 NW 62ND STREET	ıf maıl ıs not delivered to street address)	Room/suite	(941)69	97-6521	
	nended		City or town state or country o	nd 7TD + 4		G Gross rece	ipts \$ 791,178	
			City or town, state or country, a FORT LAUDERDALE, FL 33309	na ZIP + 4				
ј Ар	plication	n pending						
			F Name and address of p JOHN C SIEGLE	principal officer	H(a) Is this	a group return for af	filiates? Yes	✓ No
			2929 NW 62ND STREET	2222	H(b) Are all	l affiliates include	ed? [Yes No
			FORT LAUDERDALE,FL	33309		o," attach a lı		ructions)
Ta	ıx-exem	npt status	「 501(c)(3) ▼ 501(c) (6)	◀ (insert no)	H(c) Grou	ıp exemption	number 🟲	
	ebsite	e: ► WW	W CASF ORG					
K For	m of on	nanization	Corporation Trust Associ	ation Other •	Year of fo	mation 1950	M State of led	gal domicile FL
	rt I		mary	duon, other P	E rear or to	iniation 1930	11 State of leg	gar donnelle TE
				ssion or most significant activities				
		TO SERV	/E AND DEVELOP THE SOU	TH FLORIDA CONTRUCTION INDUSTR	Y AND TO IN	IPROVE THE	INTERESTS	5 AND
ည် ရ		WELFAR	E OF ITS MEMBERS WITHIN	THE PUBLIC INTEREST				
Governance	:							
<u>ş</u>					· · · · ·			
			'	discontinued its operations or disposed o		1	assets	
න් ග				erning body (Part VI, line 1a)		3		15
Activities &				rs of the governing body (Part VI, line 1b)				15
툿	1			in calendar year 2010 (Part V, line 2a)	• • •	5		3 0
ă	1		mber of volunteers (estimate	n Part VIII, column (C), line 12		7a		80,237
	1			te from Form 990-T, line 34		7a 7b		-43,192
	ا ا	ivec unic	Tated business taxable meoni	1	Pric	or Year	T -	nt Year
	8	Contril	hutions and grants (Part VIII	, line 1h)		456,280		373,312
≗	9			(, line 2g)		257,905		224,093
Revenue	10			ımn (A), lınes 3, 4, and 7d)		10,977	 	19,250
÷	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)		151,081		126,367
	12			11 (must equal Part VIII, column (A), line	e -			
						876,243		743,022
	13			art IX, column (A), lines 1-3)		103,121		97,397
	14			rt IX, column (A), line 4)		0		0
8	15	5-10)		oyee benefits (Part IX, column (A), lines		291,260		294,803
Expenses	16a	Profes	sional fundraising fees (Part 1	IX, column (A), line 11e)		0		0
ੜ	Ь	Total fur	ndraising expenses (Part IX, column	(D), line 25) • 0				
	17	Other	expenses (Part IX, column (A	x), lines 11a-11d, 11f-24f)		475,599		381,085
	18	Total e	expenses Add lines 13-17 (i	must equal Part IX, column (A), line 25)		869,980		773,285
	19	Reveni	ue less expenses Subtract lı	ne 18 from line 12		6,263		-30,263
Net Assets or Fund Balances						g of Current 'ear	End o	f Year
10 cm	20	Total a	assets (Part X, line 16)		<u>'</u>	2,275,054		2,228,786
A.A.	21					491,372		416,411
žÏ	22			act line 21 from line 20		1,783,682		1,812,375
Pa	rt II	Sign	ature Block				•	
Unde know	r penal	Ities of pe and belief	erjury, I declare that I have exar f, it is true, correct, and comple	mined this return, including accompanying so te. Declaration of preparer (other than office	r) is based on			
Sigr	1	Signa	ture of officer			ate		
Her			SIEGLE EXECUTIVE VP or print name and title					
		Print/Type		Preparer's signature D	ate	Check if self-	. PTIN	
Paid	}	preparer's	name JAMES R LARAWAY ne • KEEFE MCCULLOUGH & CO LL	JAMES R LARAWAY		employed 🕨		
Prep	arer L		Iress • 6550 N FEDERAL HIGHWAY				Firm's EIN	
Use	Only	i iiiii s add	FT LAUDERDALE, FL 33308		Phone no 10 0896	(954) 771-		

May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	n 990 (2010)				Page
Par		nent of Program Service A Schedule O contains a response			୮
1	Briefly describe	e the organization's mission			
		ELOP THE SOUTH FLORIDA CO IN THE PUBLIC INTEREST	ONTRUCTION INDUSTRY AND TO	IMPROVE THE INTERESTS A	ND WELFARE OF
2	_	,	rogram services during the year whi		s ▽ N o
	If "Yes," descri	be these new services on Schedi	ıle O		
3	Did the organizations	= ,	significant changes in how it conduct		s
	If "Yes," descri	be these changes on Schedule O			
4	Section 501(c)	(3) and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are ro venue, if any, for each program serv	equired to report the amount of	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	EDUCATION OF T	HE BROWARD COUNTY CONSTRUCTION	INDUSTRY IN THE AREAS OF LIEN LAW AND	BUILDING CODE COMPLIANCE	
4b			including grants of \$ CONTRUCTION INDUSTRY TO FOSTER BETT) (Revenue \$ TER UNDERSTANDING AMONG SERVICE) E PROVIDERS AND USEI
	AS WELL AS PROD	DUCT SUPPLIERS AND PRODUCT USERS			

Part IV	Checklist o	f Red	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
C	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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? <i>If</i> "Yes," complete Schedule L, Part I	25a		
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		
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (2010) Page **5** Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V $\,$

			res	IAO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter 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			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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 at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
c -	Describes a second to the second seco	5c		
6a h	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?	6a		N o
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	, , , , , , , , , , , , , , , , , , , ,	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. 모	
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Se	ction A. Governing Body and Management			
			Yes	No
1.	Enter the number of veting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7.5		110
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
40-	December of the control of the contr	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	· · · · · ·		
17	List the States with which a copy of this Form 990 is required to be filed▶FL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

- Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 DEBBIE HENDERSON CPA 3018 HOLCOMB ROAD PORT CHARLOTTE, FL 33981

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Tıtle	(B) Average hours	Posi t				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) BILL BOWER PRESIDENT	1 00	Х		Х				0	0	0
(2) CRAIG HEISER TREASURER/SECRETARY	1 00	х		х				0	0	0
(3) DOUG WALLACE FIRST VICE PRESIDENT	1 00	х		Х				0	0	0
(4) BOB BAER SECOND VICE PRESIDENT	1 00	х		Х				0	0	0
(5) GEOFFREY BUNNELL IMMEDIATE PAST PRESIDENT	1 00	х		Х				0	0	0
(6) JOHN C SIEGLE EXECUTIVE VICE PRESIDENT	40 00			Х	х	х		151,288	0	0
(7) RUSSELL ANDERSON DIRECTOR	1 00	х						0	0	0
(8) JOHN BENNET SR DIRECTOR	1 00	Х						0	0	0
(9) ROBERT W BENSON DIRECTOR	1 00	Х						0	0	0
(10) SID BLAAUW DIRECTOR	1 00	х						0	0	0
(11) MICHAEL FEE DIRECTOR	1 00	х						0	0	0
(12) DON FERGUSON DIRECTOR	1 00	х						0	0	0
(13) FRANK FRIONE DIRECTOR	1 00	х						0	0	0
(14) CHRIS LONG DIRECTOR	1 00	Х						0	0	0
(15) RICK SCHUERGER DIRECTOR	1 00	х						0	0	0
(16) JEFF SLADE DIRECTOR	1 00	х						0	0	0
										Form 990 (2010)

\$100,000 in compensation from the organization $\blacktriangleright 0$

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estimate amount of compens	other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from tl organizatio relate organizat	he on and d
(17) I DIREC	MINDY SZAROWICZ CTOR	1 00	Х						О		0		0
(18) A	ALEX WILLIAMS	1 00	х						0		0		0
1b c d	Sub-Total	to Part VII, Sec	tion A				Þ	P-	151,288	0			0
2	Total number of individuals (incl \$100,000 in reportable compens					ted a	above)) who	received more tha	n			
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>							ee, c	or highest compens	ated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization individual										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz		-				-		-		5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five	hıghest comper		ndep	ende	nt c	ontrac	tors	that received more	than			
	\$100,000 of compensation from	(A) ne and business add							Descr	(B) uption of services		(C) Compens	
											\pm		
	Total number of independent conti	ractors (includin	a but s	ot lin	nto d	to t	thosa !	ıctc	d above) who recen	vod moro than	+		

Form 9							Р	age 9
Part '	VII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		
								512, 513, or 514
ats at	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	317,197				
ું.≝	c	Fundraising events	1c	56,115				
ਛੁੜ	d	Related organizations	. 1d					
ars, sim	e	Government grants (contributions)	1e					
e E	f	All other contributions, gifts, grants	, and 1f			 	! 	i
훈등	а	similar amounts not included above Noncash contributions included in li						
돌	•				373,312			
	n	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	1	3/3,312			
Program Serwce Revenue	3-	NETWORKING		Business Code	<u> </u>	465 :		
еле	2a b	NETWORKING AWARD BANQUETS		900099	102,420 67,220	102,420 67,220		
or GE	C			900099	45,075			
Y Y C	d			900099	9,378			
33	e				,			
ra E	f	All other program service re	venue					
Š	_	Total. Add lines 2a-2f	_		224.002			
					224,093			
	3	Investment income (includir	-		21,027			21,027
	4	and other similar amounts) Income from investment of tax-ex			22,02.			
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents	790	(,				
	ь							
	c	expenses Rental income	790					
		or (loss) Net rental income or (loss)	b		790			790
		Net rental income of (1033)	(ı) Securities	(II) O ther				1.5
	7a	Gross amount	(i) Securities	(II) O their				
		from sales of assets other						
	١.	than inventory						
	b	Less cost or other basis and						
	_	sales expenses Gain or (loss)	-1,777					
	d	Net gain or (loss)		-	-1,777			-1,77
ψ		Gross income from fundraisi						
Other Revenue		(not including						
ě		\$56,115 of contributions reported on	line 1c)					
ű.		See Part IV, line 18						
he			а	91,945				
δ		Less direct expenses .		48,156	42.700			40.70
		Net income or (loss) from fu			43,789			43,789
			ctivities See Part IV, line 19 .					
		Less direct expenses . Net income or (loss) from ga	ming activities	ь[
	-	Gross sales of inventory, les						
		returns and allowances .						
			а					
		Less cost of goods sold .						
	С	Net income or (loss) from sa	les of inventory 🟲					
		Miscellaneous Revenue		Business Code	22.2==		00.00-	
		ADVERTISING		541800			80,237	
	t	INITIATION FEES		900099				
		MISCELLANEOUS		900099	551	551		
		d All other revenue						
	e	Total. Add lines 11a-11d			81,788			
	1.0	Tabal navanus Cont						
	**	Total revenue. See Instructi	0115		743,022	225,644	80,237	63,82

Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus				
	l other organizations must complete column (A) but are not required to c	omplete columi 			(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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	97,397			
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	152,644			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	85,201			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,683			
9	Other employee benefits	32,706			
10	Payroll taxes	16,569			
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	13,325			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,100			
g	Other	,			
12	Advertising and promotion				
13	Office expenses	22,514			
14	Information technology	,			
15	Royalties				
16	Occupancy	45,564			
17	Travel	2,228			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,220			
19	Conferences, conventions, and meetings	28,022			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,213			
23	Insurance	5,773			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	3,,73			
а	NETWORKING	72,944			
b	ANNUAL BANQUETS	59,285			
c	PRINTING & PUBLICATION	50,573			
d	COMMISSION MEMBERSHIP	7,350			
e	WEBSITE	4,602			
f	All other expenses	10,592			
25	Total functional expenses. Add lines 1 through 24f	773,285			
26	Joint costs. Check here ► ☐ If following	//3,265			
20	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			408,684	1	371,329		
	2	Savings and temporary cash investments			632,491	2	695,840		
	3	Pledges and grants receivable, net	•			3			
	4	Accounts receivable, net			170,355	4	145,796		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	les from current and former officers, directors, trustees, key employees, and						
		Schedule L							
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	nployer	s, and					
\$		Schedule L				6			
ssets	7	Notes and loans receivable, net				7			
⋖	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges			18,625	9	16,135		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,178,360					
	b	Less accumulated depreciation	10b	180,401	1,043,172	10 c	997,959		
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11				12			
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			1,727	15	1,727		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,275,054	16	2,228,786		
	17	Accounts payable and accrued expenses .			33,464	17	21,121		
	18	Grants payable				18			
	19	Deferred revenue			457,908	19	395,290		
	20	Tax-exempt bond liabilities				20			
es	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Lia		persons Complete Part II of Schedule L		×		22			
	23	Secured mortgages and notes payable to unrelated third parties				23			
	24	Unsecured notes and loans payable to unrelated third parties .				24			
	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			491,372	26	416,411		
<u></u>		Organizations that follow SFAS 117, check here ► 🗸 and comp	ete line	es 27					
9		through 29, and lines 33 and 34.							
lan	27	Unrestricted net assets			1,783,682	27	1,812,375		
e E	28	Temporarily restricted net assets				28			
돧	29	Permanently restricted net assets				29			
Fund Balances		Organizations that do not follow SFAS 117, check here ► and	d compl	ete					
ō	20	lines 30 through 34.				20			
Assets	30	Capital stock or trust principal, or current funds				30			
ŠŠ	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other ful	nds		1 700 000	32	1 010 0==		
Ř	33	Total net assets or fund balances			1,783,682		1,812,375		
	34	Total liabilities and net assets/fund balances			2,275,054	34	2,228,786		

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. I	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-	743,02
2	Total expenses (must equal Part IX, column (A), line 25)	2			773,28
3	Revenue less expenses Subtract line 2 from line 1	_			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			783,68
5	Other changes in net assets or fund balances (explain in Schedule O)	5		·	58,95
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,8	312,37
Pai	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493136041382

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

emai Re	evenue Service F- Attach to Fo	orm 990. F See separate instructions.			Tushec	don
	e of the organization TRUCTION ASSOCIATION OF SOUTH FLORIDA			loyer ident if icat	tion numb	er
				0611422		
Part	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
	organization answered fes to Form 99	(a) Donor advised funds		b) Funds and ot	her accou	ınts
Т	otal number at end of year	(a) Bollot davised failes	'	D) I and a and a	iner decou	inco
	ggregate contributions to (during year)					
	ggregate grants from (during year)					
	ggregate value at end of year					
	Old the organization inform all donors and donor adviunds are the organization's property, subject to the		or advi	sed	┌ Yes	┌ No
ι	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
art	II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	า 990, Part IV	, lıne 7.	
Γ Γ (Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualicatement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certifie	d historic struct	-	a
				Held at the	End of the	Year
a ⊺	otal number of conservation easements		2a			
b 7	otal acreage restricted by conservation easements		2b			
c l	lumber of conservation easements on a certified his	toric structure included in (a)	2c			
d l	Number of conservation easements included in (c) a	equired after 8/17/06	2d			
t	Number of conservation easements modified, transfence he taxable year F Number of states where property subject to conservations.		ed by tr 	ie organization c	luring	
	Does the organization have a written policy regarding inforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp					
	Amount of expenses incurred in monitoring, inspecti			g the year ► \$ _		
	Does each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
b	n Part XIV, describe how the organization reports co valance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financial				
art	Organizations Maintaining Collection Complete if the organization answered '		or Otl	ner Similar <i>A</i>	\ssets.	
 a	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu			e,
ŀ	f the organization elected, as permitted under SFAS historical treasures, or other similar assets held for porovide the following amounts relating to these items	oublic exhibition, education, or research i				
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	ii) Assets included in Form 990, Part X			- \$		
	f the organization received or held works of art, histo	orical treasures or other similar assets fo	or finan	•		
f	ollowing amounts required to be reported under SFA		, iiiiaii	ciai gaili, piovid	C LITE	
a _F	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	Titl Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Ti</u>	reasu	res, or C	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	he fol	lowing	that are	e a significa	ant us	se of its collect	ion	
а	Public exhibition		d	\vdash	Loan	or excl	nange prog	rams			
ь	Scholarly research		e	\vdash	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and eval	ain hoi	w tha	v furtha	artha o	rganization	'c av	emnt nurnose i	n	
7	Part XIV									11	
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									– Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete ıf	the	organ	ızatıor			<u>.</u>		110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	for c	ontribi	utions d	or other ass	ets r		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	ving t	able		Г				
							-		Am	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ne 21?	,					ſ	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year	(b) Prior	Year	(c) Tw	o Years Back	(d)	Three Years Back	(e) Four	Years Back
1a	Beginning of year balance							+			
Ь	Contributions							+			
C	Investment earnings or losses							-			
d	Grants or scholarships							+			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that	are hel	d and a	dmınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(_	<u> </u>
	(ii) related organizations								3a(i		
	If "Yes" to 3a(II), are the related organizatio							•	<u>3</u> b	<u> </u>	
4	Describe in Part XIV the intended uses of th)OO D-	ut V line	10			
Pell	t VI Investments—Land, Building	s, and Equipme	int. S			•			T	.	
	Description of investment) Cost o		(b)Cost or basis (oth		(c) Accumulated depreciation	d (d)	Book value
1a	Land										
b 1	Buildings						1,05	5,897	108,2	69	947,628
c I	Leasehold improvements										
d I	Equipment						6	8,203	42,7	23	25,480
e	Other						5	4,260	29,4	09	24,851
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c).,)					997,959
									Schedule D	(Form	990) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
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 - 8	9	
10		10	
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		turn
1	Total revenue, gains, and other support per audited financial statements	1	turri
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
2 a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	-	Return
1	Total expenses and losses per audited financial	, 5	
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments]	
С	Other losses]	
d	Other (Describe in Part XIV)		
e	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]	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

Identifier Return Reference Explanation

additional information

DLN: 93493136041382

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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 **Employer identification number** CONSTRUCTION ASSOCIATION OF SOUTH FLORIDA 59-0611422 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes 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

			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 POOL TOURNAMENT (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
φ	1	Gross receipts	87,800	31,165	29,095	148,060
Revenue	2	Less Charitable contributions	56,115			56,115
	3	Gross income (line 1 minus line 2)	31,685	31,165	29,095	91,945
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	29,222	4,883	14,051	48,156
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		48,156
	11	Net income summary Combine li	nes 3 and 10 in column (c	d)		43,789
	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		(b) Pull tabs/Instant	rt IV, line 19, or repor 	rted more than (d) Total gaming
Revenue	1	Gross revenue		oingo/progressive bingo	(.,	(Add col (a) through col (c)
မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Dreg	5	Other direct expenses				
	6	Volunteer labor		┌ Yes <u>%</u> ┌ No	┌ Yes <u>%</u>	
		Direct expense summary Add line Net gaming income summary Com				
	lΩ	Wet gaining income summary Con	ibilie iilies 1 alia 7 iil coldi	(u):		
9 a b	Ent Is t	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in each	of these states?		· Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

DLN: 93493136041382 OMB No 1545-0047

Department of the Treasury

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public **Inspection**

Internal Revenue Service Name of the organization **Employer identification number** CONSTRUCTION ASSOCIATION OF SOUTH FLORIDA 59-0611422 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash (book, FMV, appraisal, or government assistance other) (1) CHILDREN'S AID FUND 59-6194364 501(C)(3) 29,180 DONATION PO BOX 11503 FORT LAUDERDALE, FL 33339 (2) JUNIOR ACHIEVEMENT 59-0871446 501(C)(3) 26,935 DONATION 1130 COCONUT CREEK BLVD COCONUT CREEK, FL 33060

Identifier

Return Reference

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

Schedule I (Form 990) 2010

DLN: 93493136041382

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CONSTRUCTION ASSOCIATION OF SOUTH FLORIDA	Employer identification number
	59-0611422
Part I Questions Regarding Compensation	

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 $4958-6(c)$?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN C SIEGLE	(I) (II)	151,288 0	0	0	0	0	/	75,644 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2010

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DLN: 93493136041382

OMB No 1545-0047

2010

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Inspection

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.

Name of the organization CONSTRUCTION ASSOCIATION OF SOUTH FLORIDA **Employer identification number**

59-0611422

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		NO REVIEW WAS OR WILL BE CONDUCTED THE TAX RETURN PREPARER IS AVAILABLE TO ANSWER ANY QUESTIONS FROM THE GOVERNING BOARD PRIOR TO FILING THE FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, MADE UP OF THE PRESIDENT, FIRST VICE PRESIDENT, SECOND VICE PRESIDENT, SECRETARY/TREASURER AND THE IMMEDIATE PAST PRESIDENT THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR IS ESTABLISHED IN A WRITTEN EMPLOY MENT CONTRACT, AND THE SALARY IS COMPARABLE TO THE AMOUNT PAID TO OTHER CEO'S OF SOUTH FLORIDA NOT-FOR PROFITS WITH SIMILAR ANNUAL BUDGETS AND NUMBER OF MEMBERS THIS NFORMTION CAN BE FOUND IN THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES' ASSOCIATION COMPENSATION AND BENEFITS STUDY A PERFORMANCE BONUS IS PAID AS AN INCETIVE FOR THE EXECUTIVE DIRECTOR, WHICH PROVIDES FOR HIM TO EARN UP TO 25% OF HIS BASE SALARY THE ACTUAL AMOUNT IS DETERMINED AFTER AN EVALUATION OF PERFORMANCE BY THE EXECUTIVE COMMITTEE PAYMENT OF THE PERFORMANCE BONUS WILL BE MADE WITHIN THIRTY (3) DYS AFTER FTH

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY PROVIDING VIEWING TIMES UPON REQUEST AT THE ASSOCIATION'S OFFICE DURING REGULAR BUSINESS HOURS	

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 58,956