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

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds, 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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CABINET MAKERS ASSOCIATION	D Employer identification number 36-4422793
	Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 14276	E Telephone number
	City or town, state or country, and ZIP + 4 MILWAUKEE, WI 532140276	F Group Exemption Number

G Accounting method: Cash Accrual Other (specify) _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.CABINETMAKERS.ORG

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 140,506**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	89,243
	2 Program service revenue including government fees and contracts	2	7,871
	3 Membership dues and assessments	3	
	4 Investment income	4	15
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	43,377	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	140,506	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	630
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	34,374
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	29,053
	16 Other expenses (describe in Schedule O)	16	67,655
17 Total expenses. Add lines 10 through 16	17	131,712	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,794
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,905
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,699

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	55,905	22 64,699
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	55,905	25 64,699
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,905	27 64,699

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?

CABINET MAKERS ASSOCIATION SHALL UPHOLD THE HIGHEST LEVEL OF PROFESSIONALISM IN THE INDUSTRY BY PROVIDING ITS MEMBERS WITH NETWORKING OPPORTUNITIES, CONTINUING EDUCATION, AND ONGOING PROFESSIONAL DEVELOPMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 ATTENDS, EXHIBITS AT, & PROVIDES SEMINAR SPEAKERS FOR ANNUAL NATIONAL TRADE SHOWS AND OTHER REGIONAL TRADE SHOWS & EVENTS MAINTAINS A WEB SITE AT CABINETMAKERS.ORG REGULARLY PUBLISHES A NEWSLETTER FOR ITS MEMBERS PROVIDES NATIONAL VOICE AND PRESENCE FOR SMALL CABINET SHOPS IMPROVES THE STANDARDS OF PROFESSIONAL WOODWORKERS OFFERS MEMBERS THE OPPORTUNITY TO NETWORK WITH OTHER MEMBERS
(Grants \$) If this amount includes foreign grants, check here

28a

29
(Grants \$) If this amount includes foreign grants, check here

29a

30
(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

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 (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, and controlled entities. Includes a table with Yes/No columns for each question.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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.

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.

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: Signature of officer (*****), Date (2012-05-24), Type or print name and title (SEAN BENETIN TREASURER)

Paid Preparer's Use Only: Preparer's signature (DANIEL LIGHTFUSS), Date (2012-05-24), Check if self-employed, Preparer's taxpayer identification number, Firm's name (KOMISAR BRADY & CO LLP), address, and ZIP + 4 (135 SOUTH 84TH ST STE 200 MILWAUKEE, WI 53214), EIN, Phone no ((414) 271-3966)

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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

2011

Open to Public Inspection

Name of the organization
CABINET MAKERS ASSOCIATION

Employer identification number

36-4422793

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	ADVERTISING 42,532 MISCELLANEOUS INCOME 845 TOTAL 43,377
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	TRADE EVENTS TRADE SHOWS 3,164 REGIONAL EVENTS 2,508 0 ADVERTISING NEWSLETTER STAFF COSTS 50,203 EXPENSES ADVERTISING 966 OFFICE EXPENSES 3,074 TRAVEL EXPENSE 5,212 INSURANCE 1,401 LICENSES & PERMITS 10 BANK & FINANCE FEES 1,117 TOTAL 67,655
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	CABINET MAKERS ASSOCIATION SHALL UPHOLD THE HIGHEST LEVEL OF PROFESSIONALISM IN THE INDUSTRY BY PROVIDING ITS MEMBERS WITH NETWORKING OPPORTUNITIES, CONTINUING EDUCATION, AND ONGOING PROFESSIONAL DEVELOPMENT
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	ATTENDS, EXHIBITS AT, & PROVIDES SEMINAR SPEAKERS FOR ANNUAL NATIONAL TRADE SHOWS AND OTHER REGIONAL TRADE SHOWS & EVENTS MAINTAINS A WEB SITE AT CABINETMAKERS.ORG REGULARLY PUBLISHES A NEWSLETTER FOR ITS MEMBERS PROVIDES NATIONAL VOICE AND PRESENCE FOR SMALL CABINET SHOPS IMPROVES THE STANDARDS OF PROFESSIONAL WOODWORKERS OFFERS MEMBERS THE OPPORTUNITY TO NETWORK WITH OTHER MEMBERS

TY 2011 Compensation Explanation

Name: CABINET MAKERS ASSOCIATION

EIN: 36-4422793

Person Name	Explanation
JOE KNOBBE	
TRACY YARBOROUGH	
SCOTT BOSCHETTI	
SEAN BENETIN	
BRIAN DIRKS	
CHARLES KURAK	

Additional Data

Software ID:

Software Version:







EIN: 36-4422793

Name: CABINET MAKERS ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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
JOE KNOBBE  P O BOX 14276 MILWAUKEE, WI 532140276	PRESIDENT 5 00	0		
TRACY YARBOROUGH  P O BOX 14276 MILWAUKEE, WI 532140276	VICE PRESIDE 5 00	0		
SCOTT BOSCHETTI  P O BOX 14276 MILWAUKEE, WI 532140276	SECRETARY 5 00	0		
SEAN BENETIN  P O BOX 14276 MILWAUKEE, WI 532140276	TREASURER 5 00	0		
BRIAN DIRKS  P O BOX 14276 MILWAUKEE, WI 532140276	AT-LARGE DIR 5 00	0		
CHARLES KURAK  P O BOX 14276 MILWAUKEE, WI 532140276	AT-LARGE DIR 5 00	0		