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Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	64,699	22 88,388
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	64,699	25 88,388
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,699	27 88,388

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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 <input type="checkbox"/>	28a
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) <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of DAVE GRULKE Telephone no (414) 377-1340 Located at 9131 W WALKER ST MILWAUKEE, WI ZIP + 4 53214
42b 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)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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	2013-03-06 Date
	BRIAN DIRKS TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature KATHRYN L BENNETT	Date 2013-06-06	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <input type="checkbox"/> KOMISAR BRADY & CO LLP			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 135 SOUTH 84TH ST STE 200 MILWAUKEE, WI 53214			Phone no (414) 271-3966	

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

Additional Data










Software ID:

Software Version:

EIN: 36-4422793

Name: CABINET MAKERS ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TRACY YARBOROUGH  PRESIDENT	5 00	0		
CHARLES KURAK  VICE PRESIDE	5 00	0		
BRIAN DIRKS  TREASURER	5 00	0		
SEAN BENETIN  TREASURER	5 00	0		
JOE KNOBBE  SECRETARY	5 00	0		
FRANK CMEJLA  DIRECTOR AT-	5 00	0		
SCOTT COMSTOCK  AT-LARGE DIR	5 00	0		
DAVID BUSCHBAUM  DIRECTOR AT-	5 00	0		
KEITH KREPPEIN  AT-LARGE DIR	5 00	0		

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

2012

**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 42,001 MISCELLANEOUS INCOME 220 TOTAL 42,221
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	TRADE EVENTS TRADE SHOWS 3,567 REGIONAL EVENTS 2,989 INDUSTRY EVENTS 2,084 ADVERTISING NEWSLETTER STAFF COSTS 43,954 EXPENSES ADVERTISING 8,300 OFFICE EXPENSES 1,090 WEBSITE DEVELOPMENT & MGMT 7,364 INSURANCE 500 LICENSES & PERMITS 10 BANK & FINANCE FEES 84 CREDIT CARD PROCESSING 1,222 TOTAL 71,164
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 2012 Compensation Explanation

Name: CABINET MAKERS ASSOCIATION

EIN: 36-4422793

Person Name	Explanation
TRACY YARBOROUGH	
CHARLES KURAK	
BRIAN DIRKS	
SEAN BENETIN	
JOE KNOBBE	
FRANK CMEJLA	
SCOTT COMSTOCK	
DAVID BUSCHBAUM	
KEITH KREPPEIN	

TY 2012 GeneralDependencySmall**Name:** CABINET MAKERS ASSOCIATION**EIN:** 36-4422793**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction
Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK**Attachment Information:** YEAR ENDING: DECEMBER 31, 2012 36-4422793 CABINET MAKERS ASSOCIATION CABINET MAKERS ASSOCIATION P O BOX 14276 MILWAUKEE, WI 53214-0276 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.