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A For the 2008 calendar year, or tax year beginning 04-01-2008, and ending 03-31-2009				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization NORTHWEST OHIO CHAPTER CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION		<b>D</b> Employer identification number 34-1716991
		Number and street (or P O box, if mail is not delivered to street address) 145 CHESTERFIELD LANE		<b>E</b> Telephone number (419) 891-1040
		City or town, state or country, and ZIP + 4 MAUMEE, OH 435373836		<b>F</b> Group Exemption Number 9139




<p><b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>	<p><b>G Accounting method</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual          Other (specify) ▶</p>
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<b>I Website:</b>  <a href="http://chapters.cfma.org/NWOHIO/index.htm">http://chapters.cfma.org/NWOHIO/index.htm</a>		<b>H</b> Check  <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Organization type</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(6)  (insert no.)  4947(a)(1) or  527		

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.




**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 38,630

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

Revenue		1	2
1	Contributions, gifts, grants, and similar amounts received . . . . .		
2	Program service revenue including government fees and contracts . . . . .		
3	Membership dues and assessments . . . . .		2,580
4	Investment income . . . . .		848
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) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	6a	32,832
b	Less direct expenses other than fundraising expenses . . . . .	6b	7,308
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	25,524
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  )	8	2,370
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . 	9	31,322

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	25,524
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe  _____)	16	13,993
	17	<b>Total expenses</b> (add lines 10 through 16) . . . . . 	17	39,517
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-8,195
	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	30,120
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . . 	21	21,925

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
<b>22</b>	Cash, savings, and investments . . . . .	52,648	<b>22</b>	47,977
<b>23</b>	Land and buildings . . . . .		<b>23</b>	
<b>24</b>	Other assets (describe  _____)		<b>24</b>	
<b>25</b>	<b>Total assets</b> . . . . .	52,648	<b>25</b>	47,977
<b>26</b>	<b>Total liabilities</b> (describe   _____)	22,528	<b>26</b>	26,052
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	30,120	<b>27</b>	21,925

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE PURPOSES OF THIS CHAPTER IS TO UNITE INDIVIDUALS HAVING FINANCIAL RESPONSIBILITIES IN THE CONSTRUCTION INDUSTRY, PROVIDE A FORUM THROUGH WHICH THE CHAPTER'S MEMBERS CAN MEET AND EXCHANGE IDEAS, AND TO COORDINATE PROGRAMS DEDICATED TO THE PURPOSE OF IMPROVING THE PROFESSIONAL STANDARDS OF FINANCIAL MANAGEMENT IN THE CONSTRUCTION INDUSTRY AS A MEMBER OF THE NATIONAL CONSTRUCTION MANAGEMENT ASSOCIATION			
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, or other relevant information for each program title			
<b>28</b> Activities sponsored in whole or in part by the NW Ohio CFMA over the year to promote education and networking to today's construction and financial managers of NW Ohio (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	43,243
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	43,243

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for 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 VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33			No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	34			No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36			No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b			
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 unpaid at the start of the period covered by this return? . . . . .	38a			No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b			
39	501(c)(7) organizations. Enter . . . . .				
a	Initiation fees and capital contributions included on line 9 . . . . .	39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .	40b			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶			0	
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶			0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	40e			No
41	List the states with which a copy of this return is filed ▶ OH				
42a	The books are in care of ▶ Jeff Long CPA Telephone no ▶ (419) 891-1040 145 Chesterfield Lane Located at ▶ Maumee, OH ZIP + 4 ▶ 43537				
b	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 ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	Yes	No	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c			No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45			No

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating 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?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(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
Total number of other employees paid over \$100,000	0			

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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.				
	***** Signature of officer		2010-02-05 Date		
Paid Preparer's Use Only	Preparer's signature JEFFREY H LONG		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WILLIAM VAUGHAN COMPANY 145 CHESTERFIELD LANE MAUMEE, OH 435373836				EIN 
					Phone no. (419) 891-1040
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**TY 2008 Grants and Similar Amounts Paid Schedule**

**Name:** NORTHWEST OHIO CHAPTER CONSTRUCTION  
FINANCIAL MANAGEMENT ASSOCIATION

**EIN:** 34-1716991

<b>Item No.</b>	1
<b>Class of Activity</b>	Scholarships
<b>Donee's Name</b>	Bowling Green State University
<b>Donee's Address</b>	Department of Technology Systems Co BOWLING GREEN, OH 43602
<b>Amount (FMV)</b>	12,762
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	Scholarship
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	Scholarships
Donee's Name	University of Toledo
Donee's Address	2801 West Bancroft TOLEDO, OH 43606
Amount (FMV)	12,762
Purpose of Payment to Affiliate	
Relationship	
Description	Scholarship
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

## TY 2008 Other Expenses Schedule

**Name:** NORTHWEST OHIO CHAPTER CONSTRUCTION  
FINANCIAL MANAGEMENT ASSOCIATION

**EIN:** 34-1716991

Description	Amount
Bank Charges	10
Miscellaneous	3,582
Insurance	164
Seminars, Meetings, and Other	10,237



TY 2008 Other Liabilities Schedule

**Name:** NORTHWEST OHIO CHAPTER CONSTRUCTION  
FINANCIAL MANAGEMENT ASSOCIATION  
**EIN:** 34-1716991

Description	Beginning of Year Amount	End of Year Amount
Accrued Scholarships	22,528	26,052

**TY 2008 Other Revenues Schedule**

**Name:** NORTHWEST OHIO CHAPTER CONSTRUCTION  
FINANCIAL MANAGEMENT ASSOCIATION

**EIN:** 34-1716991

Description	Amount
Meetings, Seminars and Other	2,370

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-1716991

**Name:** NORTHWEST OHIO CHAPTER CONSTRUCTION  
FINANCIAL MANAGEMENT ASSOCIATION

### 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
BOB BOBEK 1715 Indian Wood Circle Maumee, OH 43537	PRESIDENT 1 00	0	0	0
GAYLE MCCLELLAN PO BOX 140864 TOLEDO, OH 43616	VICE PRESIDENT 1 00	0	0	0
Ron Carter 22 North Erie Street Toledo, OH 43624	Secretary 1 00	0	0	0
Jeff Long 145 Chesterfield Lane Maumee, OH 43537	Treasurer 1 00	0	0	0
Jami FOos 6465 Wheatstone Court maumee, OH 43537	Board Member 1 00	0	0	0
JIM LORTIE 1120 MADISON AVE TOLEDO, OH 43603	Board Member 1 00	0	0	0
Mike Hanf 330 Lousiana Avenue PERRYSBURG, OH 43551	Board Member 1 00	0	0	0