



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form
Return of Organization Exempt From Income Tax**

2010

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

Open to Public

Department of the Treasury
Internal Revenue Service

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

Inspection

A For the 2010 calendar year, or tax year beginning _____, and ending _____

<input type="checkbox"/>	B Check if applicable	C Name of organization CENTRAL OHIO CHAPTER, NATIONAL ASSO INDUSTRIAL AND OFFICE PROPERTIES	D Employer identification number 31-1324664
<input type="checkbox"/>	Address change	Number and street (or P O box, if mail is not delivered to street address) Room/suite 470 OLDE WORTHINGTON ROAD 200	E Telephone number 614-410-6707
<input type="checkbox"/>	Name change		City or town, state or country, and ZIP + 4 WESTERVILLE OH 43082
<input type="checkbox"/>	Initial return		
<input type="checkbox"/>	Terminated		
<input type="checkbox"/>	Amended return		
<input type="checkbox"/>	Application pending		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ WWW.NAIOP.ORG			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return			

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **151,994**

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		122,730
	3 Membership dues and assessments		11,120
	4 Investment income		507
	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	17,410
	c Less direct expenses from gaming and fundraising events	6c	8,796
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,614
	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	227
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	143,198
	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	3,856
	14 Occupancy, rent, utilities, and maintenance	14	378
	15 Printing, publications, postage, and shipping	15	729
	16 Other expenses (describe in Schedule O)	16	151,250
	17 Total expenses. Add lines 10 through 16	17	156,213
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,015
	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	180,948
	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	167,933

RECEIVED
MAY 17 2011
OGDEN, UT

Net Assets 142011

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	180,948	22	167,933
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	180,948	25	167,933
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	180,948	27	167,933

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

What is the organization's primary exempt purpose?

PROVIDE EDUCATION AND PROMOTE COMMUNITY SUPPORT

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 NEWSLETTER - PROVIDES LINE OF COMMUNICATION BETWEEN THE INDUSTRY AND PUBLIC FOR THE BENEFIT OF ALL MEMBERS. ALSO, KEEPS MEMBERS INFORMED OF CURRENT INDUSTRY DEVELOPMENTS AND ASSOCIATION ACTIVITY. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 ANNUAL AWARDS DINNER AND MONTHLY METTERS - PROVIDES A FORUM FOR MEMEBERS TO EXCHANGE IDEAS, FOSTER EDUCATION AND KEEP THEM ABREAST OF DEVELOPMENTS IN THEIR INDUSTRY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 CONTRIBUTIONS PAID ON BEHALF OF THE MEMBERS TO CAUSES PROMOTING THE ORGANIZATION'S EXEMPT PURPOSE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TOBIE SIMONDS WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	PRESIDENT 1.00	0	0	0
ANDREW WEEKS WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	PRESIDENT-ELECT 1.00	0	0	0
FRANZ GEIGER WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	TREASURER 1.00	0	0	0
DWIGHT MCCABE WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	IMMEDIATE PAST PRES 1.00	0	0	0
JACK J O'NEILL WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	DIRECTOR EMERITUS 1.00	0	0	0
DEBBIELE DOUGHERTY WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	EXECUTIVE DIRECTOR 1.00	0	0	0
WILLIAM BAUMGARDNER WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	BOARD MEMBER 1.00	0	0	0
JOHN BROOKS WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	BOARD MEMBER 1.00	0	0	0
MATHEW MCCOLLISTER WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	BOARD MEMBER 1.00	0	0	0
RICHARD SCHUEN WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	BOARD MEMBER 1.00	0	0	0
AARON STEPHENS WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	BOARD MEMBER 1.00	0	0	0
CONNIE TURSIC WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	BOARD MEMBER 1.00	0	0	0
ANDREW WECKER WESTERVILLE 470 OLDE WORTHINGTON ROAD, SUITE 200 OH 43082	SECRETARY 1.00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 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 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	40b	
c 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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e 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	40e	X

41 List the states with which a copy of this return is filed. **NONE**

42a The organization's books are in care of **DEBBIELEE DOUGHERTY** Telephone no. **614-410-6707**
 470 OLDE WORTHINGTON RD - SUITE 200
 Located at **WESTERVILLE** OH ZIP + 4 **43082**

	Yes	No
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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	X

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 **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	Yes	No
45			X
a	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)		
45a			X
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			X

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, 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

47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	No
47			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49a			
b	If "Yes," was the related organization a section 527 organization?		
49b			

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 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."

(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: Debbie Lee Dougherty Date: 5/12/11
 Type or print name and title: **DEBBIELEE DOUGHERTY EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Preparer's name: **WILLIAM J. KELLER** Preparer's signature: William J Keller, CPA Date: 5-11-11 Check if self-employed PTIN: **P00280037**
 Firm's name: **PRITCHETT, DLUSKY, SAXE & KELLER, LTD.** Firm's EIN: **31-1627911**
 Firm's address: **1621 W FIRST AVE COLUMBUS, OH 43212-3349** Phone no: **614-481-8051**

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

**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.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization **CENTRAL OHIO CHAPTER, NATIONAL ASSO
INDUSTRIAL AND OFFICE PROPERTIES**

Employer identification number
31-1324664

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b 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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GOLF OUTING</u> (event type)	<u></u> (event type)	<u>NONE</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	17,410		17,410	
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	17,410		17,410	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,796		8,796	
	10	Direct expense summary Add lines 4 through 9 in column (d)				8,796
	11	Net income summary Combine line 3, column (d), and line 10				8,614

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

9a Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a Yes No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

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

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **CENTRAL OHIO CHAPTER, NATIONAL ASSO
INDUSTRIAL AND OFFICE PROPERTIES**

Employer identification number
31-1324664

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
OTHER INCOME	\$ 227
TOTAL	\$ 227

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
INSURANCE	\$ 1,609
ADMINISTRATIVE FEES	\$ 60,000
ADVERTISING	\$ 11,100
BANK/CREDIT CARD CHARGES	\$ 1,289
CHARITABLE DONATIONS	\$ 6,000
CONVENTIONS & MEETINGS	\$ 40,816
DUES & SUBSCRIPTIONS	\$ 3,965
MITIGATION MEETING	\$ 12,513
PUBLIC RELATIONS	\$ 7,500
WEBSITE MAINTENANCE	\$ 6,458
TOTAL	\$ 151,250

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS

**MONIES CONTRIBUTED TO THE OSU FISHER COLLEGE OF BUSINESS FUND TO BE GIVEN
TO STUDENTS STUDYING IN AREAS THAT PROMOTE THE ORGANIZATION'S PURPOSE.**