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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)

OMB No. 1545-1150

2010Open to Public
Inspection

► 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. 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

A For the 2010 calendar year, or tax year beginning <u>APR 1, 2010</u> and ending <u>MAR 31, 2011</u>			
B Check if applicable	C Name of organization	D Employer identification number	
<input type="checkbox"/> Address change	NORTHWEST OHIO CHAPTER CFMA FINANCIAL MANAGEMENT ASSOCIATION		
<input type="checkbox"/> Name change	34-1716991		
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number	
<input type="checkbox"/> Terminated	145 CHESTERFIELD LANE	419-891-1040	
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	F Group Exemption Number	
<input type="checkbox"/> Application pending	MAUMEE, OH 43537-3836	9139	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
I Website: ► HTTP://CHAPTERS.CFMA.ORG/NWOHIO/INDEX.HTM			
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 ► \$ 50,053.			

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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	7,475.
	b Less: cost or other basis and sales expenses	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	5c
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6a
	c Less: direct expenses from gaming and fundraising events	of contributions
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	41,783.
	7a Gross sales of inventory, less returns and allowances	6b
	b Less: cost of goods sold	6c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	15,356.
	8 Other revenue (describe in Schedule O)	6d
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	26,427.
Expenses	SEE SCHEDULE O	
	10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	
	13 Professional fees and other payments to independent contractors	
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	
	16 Other expenses (describe in Schedule O)	SEE SCHEDULE O
	17 Total expenses. Add lines 10 through 16	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
	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)	
	20 Other changes in net assets or fund balances (explain in Schedule O)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

NORTHWEST OHIO CHAPTER CFMA
FINANCIAL MANAGEMENT ASSOCIATION

Form 990-EZ (2010)

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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

33 X

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. Otherwise, explain the change on Schedule O (see instructions)

34 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.

35a X

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?

35b N/A

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 X

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

37b X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 0.

► 0.

b Did the organization file Form 1120-POL for this year?

38a 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?

38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39a N/A

39 Section 501(c)(7) organizations. Enter:

39b N/A

a Initiation fees and capital contributions included on line 9

b 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:

40b N/A

section 4911 ► ; section 4912 ► ; section 4955 ► ; 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

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. ► OH

42a The organization's books are in care of ► JEFF LONG, CPA Telephone no. ► 419-891-1040
 Located at ► 145 CHESTERFIELD LANE, 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)?

42b X

If "Yes," enter the name of the foreign country: ►

42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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: ►

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 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

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-EZ46 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

	Yes	No
45		X
45a		X
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

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."

	Yes	No
47		
48		
49a		

49b	
-----	--

(a) Name and address of each employee paid more than \$100,000 N/A	(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." N/A

(a) Name and address of each independent contractor paid more than \$100,000 N/A	(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

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

► Yes No

Sign Here	Signature of officer JEFFREY H. LONG, TREASURER Type or print name and title	Date 2/13/12
-----------	--	-----------------

Paid Preparer Use Only	Print/Type preparer's name JEFFREY H LONG	Preparer's signature Signature of Jeffrey H. Long	Date 2/13/12	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► WILLIAM VAUGHAN COMPANY			Firm's EIN ►	
	Firm's address ► 145 CHESTERFIELD LANE MAUMEE, OH 43537-3836			Phone no.	419-891-1040

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

032174
03-04-11► Yes No
Form 990-EZ (2010)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ATTACH TO FORM 300 OR FORM 300-1 OR 300 SEPARATE INST. ACTIONS.

WEST OHIO CHAPTER CFMA

Name of the organization **NORTHWEST OHIO CHAPTER CFMA
FINANCIAL MANAGEMENT ASSOCIATION** Employer identification number **34-1716991**

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a 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?

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			

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.

NORTHWEST OHIO CHAPTER CFMA

Schedule G (Form 990 or 990-EZ) 2010

FINANCIAL MANAGEMENT ASSOCIATION

34-1716991 Page 2

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 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	37,883.			37,883.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	37,883.			37,883.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	15,225.			15,225.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (15,225)
11 Net income summary. Combine line 3, column (d), and line 10				► 22,658.

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?

Yes No

b If "No," explain:

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

Yes No

b If "Yes," explain:

NORTHWEST OHIO CHAPTER CFMA

Schedule G (Form 990 or 990-EZ) 2010 FINANCIAL MANAGEMENT ASSOCIATION

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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:

a The organization's facility

b An outside facility

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

13a	%
13b	%

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.

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Name of the organization	NORTHWEST OHIO CHAPTER CFMA FINANCIAL MANAGEMENT ASSOCIATION	Employer identification number 34-1716991
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: _____ **AMOUNT:** _____

INTEREST _____ **215.** _____

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

DESCRIPTION OF OTHER REVENUE: _____ **AMOUNT:** _____

MEETINGS AND OTHER _____ **580.** _____

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE NAME: BOWLING GREEN STATE UNIVERSITY

GRANTEE ADDRESS: DEPARTMENT OF TECHNOLOGY SYSTEMS COLLEGE OF TECHNOLOGY BGS

BOWLING GREEN, OH 43602

PROPERTY DESCRIPTION: SCHOLARSHIP

DATE OF GIFT: 03/31/11

AMOUNT GIVEN: _____ **11,329.** _____

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE NAME: UNIVERSITY OF TOLEDO

GRANTEE ADDRESS: 2801 WEST BANCROFT TOLEDO, OH 43606

PROPERTY DESCRIPTION: SCHOLARSHIP

DATE OF GIFT: 03/31/11

AMOUNT GIVEN: _____ **11,328.** _____

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 _____ **22,657.** _____

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.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MISCELLANEOUS	174.
INSURANCE	164.
MEETINGS, CONFERENCES AND OTHER	12,477.
ADVERTISING	510.
TOTAL TO FORM 990-EZ, LINE 16	13,325.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	100.	80.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED SCHOLARSHIPS	21,524.	23,355.

**FORM 990-EZ, PART III, 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.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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.

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Inspection**

Name of the organization

**NORTHWEST OHIO CHAPTER CFMA
FINANCIAL MANAGEMENT ASSOCIATION**

Employer identification number
34-1716991

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I. (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time: Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization NORTHWEST OHIO CHAPTER CFMA FINANCIAL MANAGEMENT ASSOCIATION	Employer identification number 34-1716991
	Number, street, and room or suite no. If a P.O. box, see instructions. 145 CHESTERFIELD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MAUMEE, OH 43537-3836	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JEFF LONG, CPA

- The books are in the care of ► **145 CHESTERFIELD LANE - MAUMEE, OH 43537**

Telephone No. ► **419-891-1040** FAX No. ► **419-891-1065**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **FEBRUARY 15, 2012**.
- 5 For calendar year _____, or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **TREASURER**

Date ►

Form 8868 (Rev. 1-2011)