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Form 990-EZ

## 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

## A For the 2012 calendar year, or tax year beginning 04-01-2012

, and ending 03-31-2013

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization NORTHWEST OHIO CHAPTER CFMA FINANCIAL MANAGEMENT ASSOCIATION	D Employer identification number 34-1716991
Number and street (or P O box, if mail is not delivered to street address) 145 CHESTERFIELD LANE	E Telephone number (419) 891-1040
City or town, state or country, and ZIP + 4 MAUMEE, OH 435373836	F Group Exemption Number ► 9139

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: ► [HTTP://CHAPTERS.CFMA.ORG/NWOHIO/INDEX.HTM](http://CHAPTERS.CFMA.ORG/NWOHIO/INDEX.HTM)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 ► \$ 47,866

## 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	6,021
	4 Investment income . . . . .	4	13
	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	34,635
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c	14,197
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	20,438
	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	7,197
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	33,669
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	20,438
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
Net Assets	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 in Schedule O) . . . . .	16	11,024
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	31,462
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2,207
	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	29,290
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21	31,497

**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 . . . . .	50,406	22	53,111
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	60	24	0
<b>25 Total assets</b> . . . . .	<b>50,466</b>	<b>25</b>	<b>53,111</b>
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	<b>21,176</b>	<b>26</b>	<b>21,614</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>29,290</b>	<b>27</b>	<b>31,497</b>

**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?

THE PURPOSES OF THIS CHAPTER ARE 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 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 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 **Expenses**

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

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

**28a** 0

**30**  
(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 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 

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41	OH	
42a	JEFF LONG CPA	Telephone no (419) 891-1040
	Located at 145 CHESTERFIELD LANE MAUMEE, OH	ZIP + 4 43537
42b		No
42c		No
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

- 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. Otherwise, explain the change on Schedule O (see instructions)
- 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)?
- b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O
- c 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 ► **37a** 0
- b 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?
- 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
- 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
- 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 ► **40c**
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40d**
- 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**
- 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)?
- 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**.
- c At any time during the calendar year, did the organization maintain an office outside the U.S.? ► **42c**
- 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**
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 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
- c Did the organization receive any payments for indoor tanning services during the year?
- 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
- 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)

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**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

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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.

<b>Sign Here</b>	***** Signature of officer JEFFREY H LONG TREASURER Type or print name and title	2013-08-08 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFREY H LONG	Preparer's signature JEFFREY H LONG	Date	Check <input type="checkbox"/> if self-employed	PTIN P00358787
	Firm's name ► WILLIAM VAUGHAN COMPANY			Firm's EIN ► 34-1145015	
	Firm's address ► 145 CHESTERFIELD LANE MAUMEE, OH 435373836			Phone no (419) 891-1040	

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 34-1716991  
**Name:** NORTHWEST OHIO CHAPTER CFMA  
FINANCIAL MANAGEMENT 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
TOM WALSH PRESIDENT	1 00	0	0	0
PAM HEPBURN VICE PRESIDENT PROGRAMS	1 00	0	0	0
RON CARTER SECRETARY	1 00	0	0	0
JEFF LONG TREASURER	1 00	0	0	0
MARC HOLLAND VICE PRESIDENT MEMBERSHIP	1 00	0	0	0



**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 (add col (a) through col (c))
		GOLF OUTING (event type)	(event type)	(total number)	
1	Gross receipts . . .	34,635			34,635
2	Less Contributions . . .				
3	Gross income (line 1 minus line 2) . . .	34,635			34,635
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .	14,197			14,197
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(14,197)
11	Net income summary Combine line 3, column (d), and line 10 . . . . .				20,438

**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))
1	Gross revenue . . . . .				
2	Cash prizes . . . . .				
3	Non-cash 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 lines 1 and 7 in column (d) . . . . .				

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 \_\_\_\_\_  
\_\_\_\_\_

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

- |                                      |            |
|--------------------------------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> |
| <b>b</b> An outside facility         | <b>13b</b> |

**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 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).

Identifier	Return Reference	Explanation
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**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.

**2012****Open to Public  
Inspection**

Name of the organization

NORTHWEST OHIO CHAPTER CFMA  
FINANCIAL MANAGEMENT ASSOCIATION**Employer identification number**

34-1716991

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 13
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MEETINGS AND OTHER AMOUNT 6,185 DESCRIPTION ROYALTIES AMOUNT 450 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 562 TOTAL TO FORM 990-EZ, LINE 8 7,197
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	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 03/31/13 AMOUNT GIVEN 10,219
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME UNIVERSITY OF TOLEDO GRANTEE ADDRESS 2801 WEST BANCROFT TOLEDO, OH 43606 PROPERTY DESCRIPTION SCHOLARSHIP DATE OF GIFT 03/31/13 AMOUNT GIVEN 10,219 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,438
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 180 DESCRIPTION INSURANCE AMOUNT 164 DESCRIPTION MEETINGS, CONFERENCES AND OTHER AMOUNT 10,607 DESCRIPTION MISCELLANEOUS AMOUNT 73 TOTAL TO FORM 990-EZ, LINE 16 11,024
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 60 END OF YEAR AMOUNT 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCRUED SCHOLARSHIPS BEG OF YEAR AMOUNT 21,176 END OF YEAR AMOUNT 21,614

## TY 2012 Transfers Personal Benefits Contracts Declaration

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

**EIN:** 34-1716991

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,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.