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Form **990-EZ**

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

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

2009

Open to Public Inspection

Α	Fo	r the 2009 calendar year, or tax year beginning 7/10 , 2009, and	d endir	ng 12/31		J	2009
В	_ Che	ck if applicable C			D Emp	loyer id	dentification number
	Add	ress change Please SOCIETY OF INDUSTRIAL AND OFFICE			27	-06	83839
	Nan	ne change			E Telep	hone i	number
X	Initi	al return type: 7401 METRO BOULEVARD #575			95	2-2	24-3644
L	=	nination Specific MINNEAPOLIS, MN 55439					
-	=	ended return linstruc- tions.			F Grou	up Ex	remption
\perp	App	lication pending	la.	 	Nun		
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule Å (Form 990 or 990-EZ).		Accounting Other (spec	:ify) ►		
		1 11	Н				janization is not
ı		bsite: ► N/A	—	required to 990-EZ, or	attach S	Sched	dule B (Form 990,
<u>J</u>		-exempt status (check only one) — X 501(c) (6) ◀ (insert no) 4947(a)(1) or 52					
K	Ch	eck $\triangleright X $ if the organization is not a section 509(a)(3) supporting organization and 5,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to	its gro	ss receipts a	ire norm	nally i	not more than
-		<u> </u>				a con	ipiete retain.
L	Aa ins	d lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, fil tead of Form 990-EZ	ie Form	1 990		► \$	5,186.
P		Revenue, Expenses, and Changes in Net Assets or Fund Bal	ances	(See the	ınstruc	tion	
	Ţ.				T	1	3,000.
	1 :	Program service revenue including government fees and contracts			[2	
		Membership dues and assessments				3	2,185.
	1	Investment income	•		[4	1.
	!	5a Gross amount from sale of assets other than inventory	a		3		
		b Less cost or other basis and sales expenses	ь		A		
R	!	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)				5 c	
Ž	: •	5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming,	, check h	ere 🕨			
R E V E N U	i	a Gross revenue (not including \$ of contributions			_		
Ę	!		a		1		
		b Less: direct expenses other than fundraising expenses	i b				
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c	
	;	7a Gross sales of inventory, less returns and allowances	'a			T.	
	1	b Less cost of goods sold	b				
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .			. L	7c	
	1	3 Other revenue (describe ►) L	8	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.			▶	9	5,186.
	10		DE	CENE	D 1	q	
_	1.	Repetits paid to or for members	<u>n</u> L	CEIVE	$U \mid_{1}$	1	
EXPENSE	1:	•			G	P2	
P	1:	Salaries, other compensation, and employee benefits	0.0	T-0 8 201	n d	3	
N S	14		•			4	
. E		Printing, publications, postage, and shipping	6-36-37	15 10 K 1 10		5	
, ,	10	other expenses (describe ► See Statement 1	Ul9	DEN. L)	6	8,281.
n	17		•	-	1	7	8,281.
, — 0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. •	1	8	-3,095.
	A 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must	st agre	e with end-of	f-vear	27	
N E	Š	figure reported on prior year's return)			1	9	0.
	킨 20	· · · · · · · · · · · · · · · · · · ·	Stat	ement 2		20	11,478.
_	2		<u> </u>			21	8,383.
P	art	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or	more,	file Form 99	O instead	d of F	orm 990-EZ
3 2		(See the instructions for Part II.)	_(A) Beginning			(B) End of year
7		Cash, savings, and investments.				22	8,383.
2		and and buildings				23	
		Other assets (describe)				24	
		otal assets	<u> </u>			25	8,383.
		otal liabilities (describe				26	0.
2	:7 N	let assets or fund balances (line 27 of column (B) must agree with line 21)	ľ		0.	27	8,383.

Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

	00-EZ (2009) SOCIETY OF INDU				-068	33839 Page 2
Part II	Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What is th	e organization's primary exempt purpose? Se	e Statement 3			(Regi	uired for section 2)(3) and (4) 2)(3) and section 2)(4) trusts; optional 2)(5) the section of the section option option of the section option opt
Describe	e what was achieved in carrying out the the services provided, the number of	ne organization's exempt purp	oses. In a clear and co	ncise manner,	organ	nizations and section
program	n title.				for of	thers)
28 P	ROVIDE ON-GOING EDUCATION	ON TO MEMBERS AND T	RAINING TO OFF	ICERS IN		
R	EGARD TO OBTAINING AND F	RETAINING MEMBERS A	ND IDENTIFYING	STUDENTS		
E	LIGIBLE FOR SCHOLARSHIPS	5				
		nis amount includes foreign gi	rants, check here	_	28 a	7,430.
29						
					1	
 (G	rants \$) If th	nis amount includes foreign gi	rants, check here.		29 a	
30						
						
(G	rants \$) If th	nis amount includes foreign gi	rants, check here .		30 a	
	her program services (attach schedule					
		nis amount includes foreign gi	rants, check here		31 a	
	ital program service expenses (add li				32	7,430.
Part I	List of Officers, Directors			e even if not com	pensa	ated (See the instrs.)
	65 N	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensati	s and	and other allowances
MTCHA	AEL KOEHLER	CO-TREASURER	0.	dererred compensati	0.	0.
	OHMS LANE	1.00)		١.,	0.
	CAPOLIS, MN 55439	1.00				
	AS BROCKHOUSE	President	0.		0.	0.
	OHMS LANE	1.00			١٠٠	0.
	CAPOLIS, MN 55439	1				
	AEL K. HOUGE	Vice President	0.		0.	0.
	OHMS LANE	1.00			ا٠٠	0.
		1.00				
	CAPOLIS, MN 55439 M. STOKES	Coanatam			$\overline{}$	
	OHMS LANE	Secretary			0.	0.
		1.00			İ	
	CAPOLIS, MN 55439	CO MDEACUDED			 -	
	K. RASMUSSEN	CO-TREASURER			0.	0.
	OHMS LANE	1.00			l	
MINNE	CAPOLIS, MN 55439					
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BAA		TEEA0812L 0	1/30/10			Form <b>990-EZ</b> (2009)

Form	990-EZ (2009) SOCIETY OF INDUSTRIAL AND OFFICE 27-06838	39	P	age <b>3</b>
Par	Other Information (Note the statement requirements in the instrs for Part V.)			
			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	ł	x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	34	<del>                                     </del>	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, attach a statement explaining why the organization did not report the income on Form 990-T.		的	
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice	9,		v
t	reporting, and proxy tax requirements?	35 a	<del>                                     </del>	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	. 36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	. 37b	醛	X
	Did the organization like Form 1720-FOE for this year	3/6		
200	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	NOTE:	X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	A		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	- 12 fox 5/7		
	Gross receipts, included on line 9, for public use of club facilities	71.38	200	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	1913		
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L	40 b		
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			
	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	40 e		X
41				
42 a	The organization's books are in care of ► MICHAEL KOEHLER Telephone no. ► 952-2  Located at ► 7401 METRO BLVD, #575 MINNEAPOLIS MN ZIP + 4 ► 55439	24-3	<u>644</u>	
		ſ	Yes	No
t	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	163	X
	If 'Yes,' enter the name of the foreign country: . ►	333	全體的	
			<b>11.</b>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	3		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	ا	<u>X</u>
	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	. 1	<b>►</b> □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
				·
			Yes	No_
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
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	AE		Х
BAA	<del></del>	45 rm 990	-EZ (	

,	501(c)(3) organizations and se 46-49b and complete the table:	ction 4947(a)(1) nor s for lines 50 and 5	nexempt chari I.	table trusts must answer	questio	ns	
for p 47 Did t 48 Is th 49a Did t b If 'Ye 50 Com	the organization engage in direct or indire public office? If 'Yes,' complete Schedule of the organization engage in lobbying activities organization a school as described in set the organization make any transfers to an es,' was the related organization a section plete this table for the organization's five loyees) who each received more than \$10.	C, Part I ties? If 'Yes,' complete S ection 170(b)(1)(A)(ii)? I exempt non-charitable n 527 organization? highest compensated er	Schedule C, Part f 'Yes,' complete related organization	II	46 47 48 49a 49b	Yes	No
·	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expaccourt accourt other allo	nt and	
	I number of other employees paid over \$1		denendent contra	actors who each received more	than \$100	2,000	
51 Com com	plete this table for the organization's five pensation from the organization. If there i	s none, enter 'None '	dependent contra	actors who each received more	than \$100	),000 (	of ——
d Tota	I number of other independent contractors		00,000				
Sign Here Paid	Under penalties of periory I declare that I have example, correct, and complete Declaration of preparer (  Signature of officer  MICHAEL KOEHLER  Type or print name and title  Preparer's	9,11,	Date /	Date Treasurer  Check if Set Set Set Set Set Set Set Set Set Set	arer's Identify		
Pre- parer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 GERALD L. ZEMBA  OBERMEIER & ASSI  14300 NICOLLET ( BURNSVILLE, MN	OCIATES, A.	1 40	EIN ► N Phone no ► 952-	/A 898-201	1	
May the IF	RS discuss this return with the preparer sh	nown above? See instruc	tions		►X Yes		<b>No</b>

2009.	Federal Statements			Page 1
Client 997	SOCIETY OF INDUSTRIAL AND OFFICE REALTORS MINNESOTA CHAPTER INC			27-0683839
9/01/10  Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses				12·39PM
Conferences, Conventions, Office Expenses	and Meetings	 Total		4,530. 851. 2,900. 8,281.
Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets O	r Fund Balances			
TRANSFER FROM TWIN CITY C	HAPTER OF SIOR EIN# 41-1923469	 Total	\$ \$	11,478. 11,478.

## Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

THE ORGANIZATION PROVIDES EDUCATIONAL AND NETWORKING OPPORTUNITIES FOR ITS MEMBERS AND FOR THE COMMERCIAL REAL ESTATE COMMUNITY THAT IT SERVES. THE ORGANIZATION SERVES AS A CONDUIT FOR INFORMATION ABOUT PROGRAMS AND SERVICES AS WELL AS FOR THE TRENDS TECHNIQUES, AND TECHNOLOGIES THAT AFFECT THE PROFESSION. ONE OF ITS PRIMARY FUNCTIONS IS TO PROVIDE SCHOLARSHIPS FOR STUDENTS INTERESTED IN COMMERCIAL REAL ESTATE CAREERS. SCHOLARSHIPS WILL BE PROVIDED IN THE \$1,000 TO \$2,000 RANGE. UNIVERSITIES AND COLLEGES PERFORM THE APPLICATION SCREENING.