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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
BUILDING OWNERS & MANAGERS ASSOC.
OF CENTRAL IOWA
P.O. BOX 250
DES MOINES, IA 50301-0250

D Employer identification number

42-6076535

E Telephone number

(515) 967-3895

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — ☒ 501(c) (6) (Insert no.) ☐ 4947(a)(1) or ☐ 527

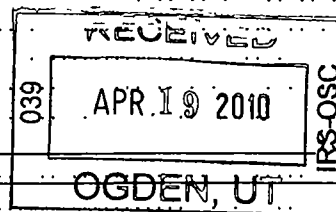
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 113,559.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	46,995.
	3	Membership dues and assessments	3	62,900.
	4	Investment income	4	2,984.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	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	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► SEE STATEMENT 1)	8	680.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	113,559.	
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10	1,000.
	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	27,500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	407.
	16	Other expenses (describe ► SEE STATEMENT 3)	16	92,445.
	17	Total expenses. Add lines 10 through 16	17	121,352.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,793.	
ASSETS	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	214,739.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	11,728.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	218,674.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	214,936.	218,674.
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	214,936.	218,674.
26 Total liabilities (describe ► SEE STATEMENT 5)	197.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	214,739.	218,674.

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

Form 990-EZ (2009)

Expenses

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

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

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28a

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29a

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30 a

[illegible]

31 a

32	
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(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and	(e) Expense account and other allowances
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	to position		deferred compensation	
JOYCE MCMICKLE 717 MULBERRY ST DES MOINES, IA 50309-3872	VP PROGRAMS 1.00	0.	0.	0.
GARY HAVERKAMP 1701 48TH STREET, SUITE 111 WEST DES MOINES, IA 50266	PAST PRESIDENT 1.00	0.	0.	0.
STEVE FLUG 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266	PRESIDENT 1.00	0.	0.	0.
JOE PRICE 1280 OFFICE PLAZA DR WEST DES MOINES, IA 50266	VP EDUCATION 1.00	0.	0.	0.
KRISTA CAPP 6900 WESTOWN PKWY WEST DES MOINES, IA 50266	VP SEC/TREA 1.00	0.	0.	0.
JEFF HATFIELD 505 5TH AVE, STE 200 DES MOINES, IA 50309-2449	VP MEMBERSHIP 1.00	0.	0.	0.
JIM TURNER 201 NE EAGLEWOOD DR ANKENY, IA 50021	ALLIED REP 1.00	0.	0.	0.
JON KURTH 800 WALNUT ST, MAC F7030-082 DES MOINES, IA 50309	MEMBER AT LARGE 0	0.	0.	0.

Part V 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.		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it 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?	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		X
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?		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 period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a 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		
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 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 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. 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d 0.		
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 IA		

42a The organization's books are in care of **DAWN O'CONNOR** Telephone no. **(515) 967-3895**
 Located at **P.O. BOX 250 DES MOINES, IA** ZIP + 4 **50301-0250**

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**

If 'Yes,' enter the name of the foreign country: _____

	Yes	No
42b		X
42c		X

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

c At any time during the calendar year, did the organization maintain an office outside of 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** ☐ N/A ☐ 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		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		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 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|----|
| 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 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.'

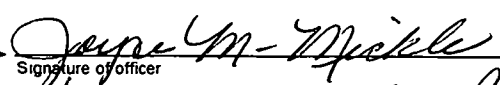
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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. ▶

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		4-12-10 Date	
	Joseph M. Mickle, President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	DONALD C. TIMMINS, CPA	Date	3/20/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	TIMMINS, KROLL & JACOBSEN, LLP 10550 NEW YORK AVE. SUITE 200 DES MOINES, IA 50322-3775		
	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
	EIN	N/A		
	Phone no.	(515) 270-8080		

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

BAA

Form 990-EZ (2009)

42-6076535

12:53PM

	\$	680.
TOTAL	\$	680.

CASH AMOUNT GIVEN: \$ 500.

ADVOCACY	\$	250.
AWARDS		103.
BANK CHARGES		120.
BOARD MEETINGS		2,802.
BOMA INTERNATIONAL		1,000.
DELEGATE EXP		15,082.
DUES		34,815.
INSURANCE		1,019.
MEMBERSHIP MTGS AND EVENTS		35,183.
MISC		47.
NAME BADGES		311.
OFFICE EXPENSE		14.
PROFESSIONAL FEES		425.
SEMINARS		570.
SURVEY		239.
TELEPHONE		204.
WEB SITE		261.
TOTAL	\$	92,445.

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ 11,728.
TOTAL	\$ 11,728.

2009

FEDERAL STATEMENTS
BUILDING OWNERS & MANAGERS ASSOC.
OF CENTRAL IOWA

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3/20/10

12:53PM

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
MIDWEST NORTHERN REGION	\$ 197.	\$ 0.
TOTAL	<u>\$ 197.</u>	<u>\$ 0.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE EDUCATION AND INFORMATION ON CURRENT REGULATIONS AND EVENTS EFFECTING ITS MEMBERS.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

A LOCAL NEWSLETTER IS POSTED MONTHLY TO THE WEBSITE AND OTHER PUBLICATIONS INCITED BY BOMA INTERNATIONAL HELP KEEP MEMBERS UP TO DATE WITH LOCAL AND INTERNATIONAL REGULATIONS AND EVENTS. THESE ARE DISTRIBUTED TO OVER 240 INDIVIDUALS.

STATEMENT 8
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MONTHLY MEMBERSHIP MEETINGS ARE HELD WITH SPEAKERS ADDRESSING TOPICS OF GENERAL AND SPECIFIC INTERESTS AND GUIDELINES AS WELL AS REGULATIONS EFFECTING BUILDING MANAGEMENT PERSONNEL. THE AVERAGE ATTENDANCE AT THESE MEETING IS APPROXIMATELY EIGHTY-FIVE.

STATEMENT 9
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO