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# Short Form Return of Organization Exempt From Income Tax

2009

Department 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

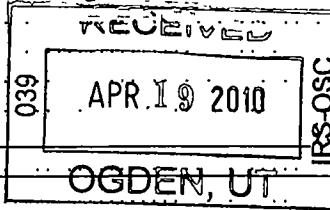
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
InspectionA For the 2009 calendar year, or tax year beginning **, 2009, and ending**

B Check if applicable.	C	D Employer identification number
<input type="checkbox"/> Address change	BUILDING OWNERS & MANAGERS ASSOC.	42-6076535
<input type="checkbox"/> Name change	OF CENTRAL IOWA	E Telephone number
<input type="checkbox"/> Initial return	P.O. BOX 250	(515) 967-3895
<input type="checkbox"/> Termination	DES MOINES, IA 50301-0250	F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

I Website: ► N/A	G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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 \$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.)			
<b>REVENUE</b> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► SEE STATEMENT 1) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 46,995. 2 62,900. 3 2,984. 4 5c 6c 7c 8 680. 9 113,559. 10 1,000. 11 12 13 27,500. 14 15 407. 16 92,445. 17 121,352. 18 -7,793. 19 214,739. 20 11,728. 21 218,674.		
	SEE STATEMENT 2		
	<b>EXPENSES</b> 10 Grants and similar amounts paid (attach schedule) 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 ► SEE STATEMENT 3) 17 Total expenses. Add lines 10 through 16	 039 APR 19 2010 103 OGDEN, UT	
		SEE STATEMENT 4	
		<b>ASSETS</b> 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 (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 19 214,739. 20 11,728. 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.	22 218,674.
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	214,936.	25 218,674.
26 Total liabilities (describe ► SEE STATEMENT 5)		197.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	214,739.	27 218,674.

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

**Part III: Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? SEE STATEMENT 6

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

28 SEE STATEMENT 7

If this amount includes foreign grants, check here.

28a

29 THREE TWELVE WEEK EDUCATIONAL COURSES ARE HELD IN "SYSTEMS OF MAINTENANCE ADMINISTRATION". COURSES HAVE AN AVERAGE OF TWENTY TO TWENTY-FIVE STUDENTS.

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

29a

30 SEE STATEMENT 8

If this amount includes foreign grants, check here.

30 a

**31 Other program services (attach schedule)**

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

31 a

**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 instrs.)

## Part V. Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.

	Yes	No
33	X	
34	X	

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

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 period covered by this return?

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

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

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.

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. ► 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► 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.

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)?

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.?

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**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44	X	
45	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

**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.

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 Yes  No  46

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 Yes  No  48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes  No  49a

b If 'Yes,' was the related organization a section 527 organization? Yes  No  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. ►

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**

► *Soyce M. McKee*  
Signature of officer

4-12-10  
Date

► *Soyce M. McKee, President*  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	► DONALD C. TIMMINS, CPA	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
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	3/20/10	<input type="checkbox"/> N/A	EIN ► N/A Phone no. ► (515) 270-8080

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

BAA

►  Yes  No

Form 990-EZ (2009)

2009

**FEDERAL STATEMENTS**  
**BUILDING OWNERS & MANAGERS ASSOC.**  
**OF CENTRAL IOWA**

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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

INCOME TAX REFUND

TOTAL	\$	680.
		\$

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP
DONEE'S NAME:	DEREK MURKEN
DONEE'S ADDRESS:	4135 ASHBY AVE DES MOINES, IA 50310
CASH AMOUNT GIVEN:	\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIP
DONEE'S NAME:	JACOB STOUT
DONEE'S ADDRESS:	1701 NW 2ND STREET ANKENY, IA 50023
CASH AMOUNT GIVEN:	\$ 500.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

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	<u>\$ 92,445.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS

TOTAL	\$	11,728.
		\$

2009

**FEDERAL STATEMENTS**  
**BUILDING OWNERS & MANAGERS ASSOC.**  
**OF CENTRAL IOWA**

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

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

**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