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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.

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning , 2010, and ending****B** Check if applicable:

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

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**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► N/A**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (ck 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 **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. ► \$ 124,890.**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	36,554.
	3	Membership dues and assessments	3	87,458.
	4	Investment income	4	878.
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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 in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,890.
	10	Grants and similar amounts paid (list in Schedule O)	10	2,500.
	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	30,000.
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15	394.	
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	78,146.	
17	Total expenses. Add lines 10 through 16	17	111,040.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,850.	
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	218,674.	
20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	6,952.	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	239,476.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2010)

8P

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	218,674.	239,476.
23 Land and buildings		
24 Other assets (describe in Schedule O) _____		
25 Total assets	218,674.	239,476.
26 Total liabilities (describe in Schedule O) _____	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,674.	239,476.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒**Expenses**

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title

28 <u>SEE SCHEDULE O</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>THREE TWELVE WEEK EDUCATIONAL COURSES ARE HELD IN "SYSTEMS OF MAINTENANCE ADMINISTRATION". COURSES HAVE AN AVERAGE OF TWENTY TO TWENTY-FIVE STUDENTS.</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>SEE SCHEDULE O</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JOYCE MCMICKLE 717 MULBERRY ST DES MOINES, IA 50309-3872	PRESIDENT 2.00	0.	0.	0.
STEVE FLUG 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266	PAST PRESIDENT 2.00	0.	0.	0.
JOE PRICE 1280 OFFICE PLAZA DR WEST DES MOINES, IA 50266	VP PROGRAMS 2.00	0.	0.	0.
KRISTA CAPP 6900 WESTOWN PKWY WEST DES MOINES, IA 50266	VP EDUCATION 2.00	0.	0.	0.
JEFF HATFIELD 505 5TH AVE, STE 200 DES MOINES, IA 50309-2449	VP SEC/TREASURE 2.00	0.	0.	0.
JON KURTH 800 WALNUT ST, MAC F4030-082 DES MOINES, IA 50309	VP MEMBERSHIP 2.00	0.	0.	0.
JAMES SMITH 616 10TH STREET DES MOINES, IA 50309	MEMBER AT LARGE 2.00	0.	0.	0.
DEAN O'CONNOR 1519 ILLINOIS STREET DES MOINES, IA 50314	ALLIED REP 2.00	0.	0.	0.

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		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)		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.		
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?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	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 tax year 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 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	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 ▶ 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	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

	Yes	No
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. ▶	42b	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. ▶	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 43** N/A

	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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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	

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

	Yes	No
45		X
45a		X
46		X

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-EZ (see inst.)

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

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?

	Yes	No
47		
48		
49a		
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

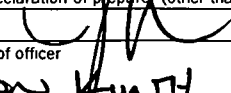
f Total number of other employees paid over \$100,000

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 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.

Sign Here	Signature of officer 	Date <u>5-3-11</u>			
	Type or print name and title <u>Don Timmins, UP Sec/Treasurer</u>				
Paid Preparer Use Only	Print/Type preparer's name DONALD C. TIMMINS, CPA	Preparer's signature DONALD C. TIMMINS, CPA	Date 4/18/11	Check <input type="checkbox"/> if self-employed	PTIN N/A
	Firm's name <input checked="" type="checkbox"/> <u>TIMMINS, KROLL & JACOBSEN, LLP</u>				
	Firm's address <input checked="" type="checkbox"/> <u>10550 NEW YORK AVE. SUITE 200 DES MOINES, IA 50322-3775</u>				
		Firm's EIN <input checked="" type="checkbox"/> <u>N/A</u>	Phone no (515) 270-8080		

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

BAA

Form 990-EZ (2010)

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **BUILDING OWNERS & MANAGERS ASSOC.
OF CENTRAL IOWA**

Employer identification number
42-6076535

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

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

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 175 INDIVIDUALS.

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 AFFECTING BUILDING
MANAGEMENT PERSONNEL. THE AVERAGE ATTENDANCE AT THESE MEETINGS IS APPROXIMATELY
SIXTY-FIVE.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

BUILDING OWNERS & MANAGERS ASSOC.
OF CENTRAL IOWA

42-6076535

4/18/11

01 15PM

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

ADVOCACY	\$	350.
AWARDS		692.
BANK CHARGES		992.
BOARD MEETINGS		3,114.
BOMA INTERNATIONAL		500.
DELEGATE EXP		12,987.
DUES		36,275.
INSURANCE		394.
MEMBERSHIP MTGS AND EVENTS		20,948.
MISC		108.
NAME BADGES		457.
PROFESSIONAL FEES		450.
SEMINARS		500.
SURVEY		239.
TAXES		60.
WEB SITE		80.
TOTAL	\$	<u>78,146.</u>

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

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$	6,952.
TOTAL	\$	<u>6,952.</u>