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Form 990-EZ

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, 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

A For the 2010 calendar year, or tax year beginning 11-01-2010, and ending 10-31-2011

☐ Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
IOWA CCIM CHAPTER OF THE COMMERCIAL REAL ESTATE INSTITUTE

Number and street (or P O box, if mail is not delivered to street address)Room/suite
23 WAKEFIELD CT

City or town, state or country, and ZIP + 4
IOWA CITY, IA 52240

D Employer identification number
42-1228083

E Telephone number
(319) 321-2772

F Group Exemption Number ▶

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I Website:▶ HTTP://CHAPTERS.CCIM.COM/IOWA

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 **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 ▶ \$ 57,657

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	43,484
	3	Membership dues and assessments	3	13,611
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5c	
	b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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 exceed \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	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 in Schedule O)	8	562
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,657
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	395
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	149
	16	Other expenses (describe in Schedule O)	16	59,811
	17	Total expenses. Add lines 10 through 16	17	60,355
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,698
	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	31,151
	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	28,453

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

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	31,151	22	28,453
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	31,151	25	28,453
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,151	27	28,453

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROMOTE THE CCIM DESIGNATION TO OUR MEMBERS, POTENTIAL MEMBERS, AND OUR CLIENTS BY PROVIDING THE BEST COMMERCIAL AND INVESTMENT REAL ESTATE EDUCATION, TECHNOLOGY AND NETWORKING OPPORTUNITIES WITHIN THE STATE OF IOWA, NATIONALLY AND AROUND THE WORLD

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

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

28	See Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here	28a	
29			
(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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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	33	No
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)	34	No
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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> 37a <input type="text"/> 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <input type="text"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 . . <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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	No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> CHERYL NELSON Telephone no <input type="text"/> (319) 321-2772 23 WAKEFIELD CT Located at <input type="text"/> IOWA CITY, IA ZIP + 4 <input type="text"/> 52240		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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.
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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 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 & deferred compensation	(e) Expense account and other allowances

50(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

51(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

YesNo

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		
	GENE NELSEN PRESIDENT				
Paid Preparer's Use Only	Preparer's signature	JOHN E LAMALE	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	BROOKS LODDEN PC 1441 29TH STREET STE 305 WEST DES MOINES, IA 502661357				Phone no (515) 223-7300

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

YesNo

Additional Data

Software ID:

Software Version:

EIN: 42-1228083

Name: IOWA CCIM CHAPTER OF THE COMMERCIAL REAL ESTATE INSTITUTE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28</div> TO CONDUCT APPROVED REAL ESTATE SEMINARS FOR THE CHAPTER, IOWA COMMERICAL/LAND BOARD OF REALTORS, AND MEMBERS OF THE PUBLIC WITHIN THE CHAPTER JURISDICTION (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		28a	0
<div>29</div> TO PROMOTE THE IMAGE AND REPUTATION OF THE MARKETING INSTITUTE AND ITS CERTIFIED COMMERCIAL INVESTMENT MEMBER (CCIM) DESIGNEES (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		29a	0
<div>30</div> TO ASSIST THE MARKETING INSTITUTE IN ACHIEVING ITS PURPOSES AND OBJECTIONS INCLUDING MARKET FEEDBACK, COURSE PROMOTION, PUBLIC RELATIONS AND MEMBERSHIP RECRUITMENT AND RETENTION SPONSOR ANNUAL EXPO MEETING (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		30a	0
TO PROVIDE A FORUM FOR THE EXCHANGE OF INFORMATION (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>			0
TO GIVE ASSISTANCE AND GUIDANCE TO CANDIDATES SEEKING TO BECOME DESIGNEES (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>			0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
GENE NELSEN CCIM 10580 JUSTIN DRIVE URBANDALE,IA 50322	PRESIDENT 2 00	0	0	0
JIM TANSEY CCIM 5111 UTICA RIDGE ROAD DAVENPORT,IA 52807	TREASURER 2 00	0	0	0
CHRISTOPHER STAFFORDCCIM 1701 48TH ST STE 111 WEST DES MOINES,IA 50266	VICE PRESIDENT 2 00	0	0	0
TYLER DINGEL CCIM 6900 WESTOWN PARKWAY WEST DES MOINES,IA 50266	DIRECTOR 1 00	0	0	0
NIKI DEPHILLIPS CCIM 6400 WESTOWN PARKWAY WEST DES MOINES,IA 50266	DIRECTOR 1 00	0	0	0
MICHAEL SHAFFER CCIM 411 1ST AVENUE SE STE 300 CEDAR RAPIDS,IA 52401	DIRECTOR 1 00	0	0	0
MATT LUNDBERG CCIM 1701 48TH ST STE 111 WEST DES MOINES,IA 50266	DIRECTOR 1 00	0	0	0
MARK PATTERSON CCIM 111 COURT AVENUE 195 DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
CHRISTOPHER BOGENRIEF CCIM 835 GORDON DRIVE SIOUX CITY,IA 51101	DIRECTOR 1 00	0	0	0
DUSTIN WHITEHEAD CCIM 4501 PRAIRIE PKWY CEDAR FALLS,IA 50613	SECRETARY 2 00	0	0	0

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization IOWA CCIM CHAPTER OF THE COMMERCIAL REAL ESTATE INSTITUTE	Employer identification number 42-1228083
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST INCOME AMOUNT 562

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 5,732 DESCRIPTION MISCELLANEOUS AND BANK CHARGES AMOUNT 52 DESCRIPTION COMMITTEE EXPENSES - PROMOTION, MEMBERSHIP, MARKETING AMOUNT 360 DESCRIPTION EDUCATION PROGRAM COSTS AMOUNT 1,723 DESCRIPTION SCHOLARSHIPS AND SPONSORSHIPS AMOUNT 3,525 DESCRIPTION MANAGEMENT FEES AMOUNT 9,167 DESCRIPTION INSURANCE AMOUNT 318 DESCRIPTION EXPO EXPENSES - SPEAKERS, FACILITIES, WEB SITE, SUPPLIES AMOUNT 38,934 TOTAL TO FORM 990-EZ, LINE 16 59,811

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: IOWA CCIM CHAPTER OF THE COMMERCIAL REAL
ESTATE INSTITUTE

EIN: 42-1228083

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.