



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011Department 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, 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.

Open to Public Inspection**A For the 2011 calendar year, or tax year beginning , 2011, 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 or a section 527 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. ▶ \$ **114,557.****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	53,721.
	3	Membership dues and assessments	3	60,629.
	4	Investment income	4	207.
	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	114,557.	
EXPENSES	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	363.
	16	Other expenses (describe in Schedule O)	16	76,903.
	17	Total expenses. Add lines 10 through 16	17	109,766.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,791.	
NET 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	239,476.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	12,588.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	256,855.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)

SCANNED JUN 04 2012

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	239,476.	256,855.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	239,476.	256,855.
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)	239,476.	256,855.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 THREE TWELVE WEEK EDUCATIONAL COURSES ARE HELD IN "SYSTEMS OF MAINTENANCE ADMINISTRATION". COURSES HAVE AN AVERAGE OF TEN TO FIFTEEN STUDENTS.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 SEE SCHEDULE O		
(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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOYCE MCMICKLE 717 MULBERRY ST DES MOINES, IA 50309-3872	PAST PRESIDENT 2	0.	0.	0.
JOE PRICE 1280 OFFICE PLAZA DR WEST DES MOINES, IA 50266	PRESIDENT 2	0.	0.	0.
KRISTA CAPP 6900 WESTOWN PKWY WEST DES MOINES, IA 50266	VP PROGRAMS 2	0.	0.	0.
JEFF HATFIELD 505 5TH AVE, STE 200 DES MOINES, IA 50309-2449	VP EDUCATION 2	0.	0.	0.
JON KURTH 800 WALNUT ST, MAC F4030-082 DES MOINES, IA 50309	VP SECRETARY/TR 2	0.	0.	0.
JAMES SMITH 616 10TH STREET DES MOINES, IA 50309	VP MEMBERSHIP 2	0.	0.	0.
DEAN O'CONNOR 1519 ILLINOIS STREET DES MOINES, IA 50314	ALLIED REP 2	0.	0.	0.
MIKE QUICK 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266	MEMBER AT LARGE 2	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract 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	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)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a X	
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	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	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?	37b	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?	38a	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 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	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b 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 instructions)	45b	X

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

	Yes	No
46		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 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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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?

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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 Krista A. Capp Date 05-01-12
☒ Type or print name and title Krista A. Capp; President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DONALD C. TIMMINS, CPA	DONALD C. TIMMINS, CPA	4/17/12		P00062769
	Firm's name <input checked="" type="checkbox"/>	TIMMINS, KROLL & JACOBSEN, LLP			Firm's EIN <input checked="" type="checkbox"/>
	Firm's address <input checked="" type="checkbox"/>	10550 NEW YORK AVE. SUITE 200 DES MOINES, IA 50322-3775			42-0721983 (515) 270-8080

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

☒ Yes ☐ No

Form 990-EZ (2011)

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

2011

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 150 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.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION**PAGE 2****BUILDING OWNERS & MANAGERS ASSOC.
OF CENTRAL IOWA****42-6076535**

4/17/12

04.37PM

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

AWARDS	\$	53.
BANK CHARGES		897.
BOARD MEETINGS		2,215.
COUNCIL DUES		100.
DELEGATE EXP		10,158.
DUES		34,322.
EDUCATION		5,420.
INSURANCE		1,744.
MEMBERSHIP MTGS AND EVENTS		20,206.
MISC		181.
NAME BADGES		331.
PROFESSIONAL FEES		475.
SEMINARS		425.
SURVEY		140.
TAXES		154.
WEB SITE		82.
TOTAL	\$	<u>76,903.</u>

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

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$	12,588.
TOTAL	\$	<u>12,588.</u>