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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)

OMB No. 1545-1150 2011

Department of the Treasury Internal Revenue Service

▶ 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

**Open to Public** Inspection

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

Α	For the	2011 calenda	ar year, or tax year beginning	July 1	, 2011,	and ending		une 3	0 , 20	12		
В	Check if ap	k if applicable C Name of organization				D Empl	oyer id	lentification number	er			
	Address c	dress change CFA Society of Iowa, Inc.					42-1152989					
	Name cha	ınge	Number and street (or P O box, if mail is not delivered to street address)  Room/suite E Te			E Telep	Telephone number					
$\vdash$	Initial retui		c/o Scott Brustkern, Principal Global Inv	estors, 711 High St		G26-W00	ì	51	15-362-0201			
H	Terminate Amended		City or town, state or country, and ZIP + 4				F Group Exemption					
Ħ	Application		Des Moines, Iowa 50392-0800				Number ▶					
G		ting Method.	✓ Cash	<b>&gt;</b>		н	Check	<b>▶</b> □	if the organization	n is not		
	Websit	•	cfaiowa.org			<del></del>   ''			ach Schedule B			
-			eck only one) — 501(c)(3) 501(c) (6	) <b>◀</b> (insert no.) ☐ 4947	(a)(1) or	527	•		0-EZ, or 990-PF)			
	Check ▶		e organization is not a section 509(a)(3) suppo						<u></u>	mally		
			00. A Form 990-EZ or Form 990 return is not									
			oses to file a return, be sure to file a complet		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o postoara) m	ay be ree	juli cu (	(See Instructions)	Dut II		
	_		b, to line 9 to determine gross receipts. If gross		r more.	or if total asse	ts (Part II.					
			ow) are \$500,000 or more, file Form 990 instead				-	<b>▶</b> \$		80,151		
	art I		e, Expenses, and Changes in Net							50,131		
	CIT CIT		the organization used Schedule O to									
	1		ons, gifts, grants, and similar amounts r					1				
	2				• •					48,913		
	3	-	ervice revenue including government fe	es and contracts .				2		13,310		
	1		ip dues and assessments		• •			3		17,435		
	4	Investment						4		493		
	5a		ount from sale of assets other than inver	•	5a	<del> </del>	0	<u>.</u>				
	b		or other basis and sales expenses		5b	L	0			_		
	C	-	ss) from sale of assets other than inven-	tory (Subtract line 5b	trom i	ine 5a)		5c		0		
	6	_	nd fundraising events	C if avector them								
a	а		ome from gaming (attach Schedule	G if greater than	۱.	1	_					
Revenue		\$15,000) .		1	6a		0					
Š	þ	Gross inco	ome from fundralsing events (not-includi	ng <u>\$</u>	0	f contributio	ns	1				
ď		from fundr	raising events reported on line 1) (attac	n Schedule G if the	1	1	_ 1	,				
			ch gross the companies of the gross the companies of the		6b	<b>!</b>	0	× .				
	d	Less: direc	t expenses from gaming and fundraish	g events	6c	<u> </u>	0					
		Net income	e or (loss) from gaming and fundralsing	g events (add lines	6a and	d 6b and su	ibtract					
	_	•						6d	<u></u>	0		
	7a		es of inventory, less returns and allowan		7a		0					
	b		of goods sold		7b	<u> </u>	0					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		0		
	8		ther revenue (describe in Schedule O)					8		0		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and			· · · ·	. ▶	9		30,151		
es	10		d similar amounts paid (list in Schedule	O)				10		0		
	11	•	paid to or for members					11	1	18,649		
	12		other compensation, and employee benefits					12		0		
Š	13		onal fees and other payments to independent contractors					13	1	14,791		
Expenses	. 14		ncy, rent, utilities, and maintenance					14		0		
	.0		g, publications, postage, and shipping					15		1,094		
	16	Other expe	ner expenses (describe in Schedule O)					16	1	12,309		
	17	Total expe	enses. Add lines 10 through 16	<u></u>		<u> </u>	. ▶	17	4	46,842		
Ń	18	Excess or (	(deficit) for the year (Subtract line 17 fro	om line 9)				18		33,309		
Net Assets	19	Net assets	s or fund balances at beginning of yea	r (from line 27, colur	nn (A))	) (must agre	e with	]				
As	1		ar figure reported on prior year's return)					19		<u> 51,717</u>		
<u>e</u> t	20		nges in net assets or fund balances (exp					20		0		
Z	21	Net assets	or fund balances at end of year. Comb	ine lines 18 through 2	20 .		. ▶	21	9	5,026		

Par	t II Balance Sheets. (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			61,717	-	95,026
23	Land and buildings		[		23	0
24					24	0
25	Total assets				25	95,026
26		<u>.</u>		0	26	0
27	Net assets or fund balances (line 27 of column			61,717	27	95,026
Par				•		Expenses
	Check if the organization used Schedule			<del></del>		quired for section
What	t is the organization's primary exempt purpose?	convene & educate	investment profession	onals		(c)(3) and 501(c)(4)
	ribe the organization's program service accompli					nizations and section 7(a)(1) trusts, optional
perso	neasured by expenses. In a clear and concise nons benefited, and other relevant information for e	ach program title.				others.)
28	Hosted nine luncheons, featuring industry speakers		ant topics for investi	ments. Average		
	Attendance was approximately 50 people per lunche	eon.	•••••			
		includes foreign gra			28a	14,233
29	Ran an advertising and public relations campaign to	promote the CFA de	signation and enhan	ce brand		
	awareness. Estimated reach was 10,000 people.					
			•••••	•••••		
		includes foreign gra		<u> ▶ □</u>	29a	6,127
30	Hosted six networking events where members could	d connect with others	in their profession.			İ
	Average attendance was 10-50 people per event.		·····			
		includes foreign gra	ants, check here .	<u> ▶ 🗆</u>	30a	3,197
	Other program services (describe in Schedule O)					
		includes foreign gra			31a	12,309
_	Total program service expenses (add lines 28a				32	35,866
Part					nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a			<del></del>	<u> U</u>
		(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	6	other compensation
		<u> </u>	(if not paid, enter -0-)	deferred compensation	1	
Phel	ps Hoyt	Past President			-	
		0.25 hrs/wk	0		이	0
Eric	Lohmeier	President		İ		
		1 hr/wk	0		<u> </u>	0
Saye	er Martin	Vice President				
		2 hrs/wk	0		<u> </u>	0
Scot	t Bennett	Secretary				
		1 hr/wk	0		이	0
Sash	na Kamper	Treasurer				
		5 hrs/wk	0		이	0
Kare	y Anderson	Director at Large				
		2 hrs/wk	0		0	0
Matt	Bral	Director at Large				
		2 hrs/wk	0		0	0
Josh	Lohmeier	Director at Large				
		1 hr/wk	0		0	0
Jose	nh Unavo	Discotor at Large	<b>,</b>			
	ph Hogue	Director at Large				
	pri nogue	1 hr/wk	0		0	0
	pri nogue		0		0	0
	pri nogue		0		0	0
	pri nogue		0		0	0
	pri nogue		0		0	0
	pri nogue		0		0	0

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	
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		<b>√</b>
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		<u>▼</u>
c 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 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	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		<u> </u>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		<u>``</u> 1	
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a	418.4	<b>✓</b>
39 a b 40a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
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		<u> </u>
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	* 1	<b>√</b>
41	List the states with which a copy of this return is filed. ▶ Iowa			
42a		515-36		l 
L		50392		
ь	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	Yes	No ./
	If "Yes," enter the name of the foreign country: ▶	30 Ng , 1	- 48	T'AA
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		13.7 13.7	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>✓</b>
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	· ·	. •	• 🗆
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	Yes	No J
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		J
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	áli.	<b>√</b>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		<b>√</b>

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							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or in opposit	ion 🔝	P 7803	5 Lagrage 1
	to candidates for public office? If "Yes,"	complete Schedule C	C, Part I			. 46		1
Part							ction	<u>.1v</u>
	501(c)(3) organizations and sect							
	and 52, and complete the tables							_
	Check if the organization used Sc			n this Part	· VI			
	Check if the organization accure	noddio o to rospone	to any quodicin			<del>· · · ·</del>	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect during the	tay	+103	+
7,	year? If "Yes," complete Schedule C, Par				_	l l		
40	Is the organization a school as described i					. 48	<del></del>	┼──
48	<del>-</del>							+
49a	Did the organization make any transfers t							<del></del>
b	If "Yes," was the related organization a se					. 49b		
50	Complete this table for the organization's employees) who each received more than							
	employees) who each received more than	T \$100,000 of compe	Tallott from the or			enter i	None.	
	(a) Name and address of each employee	(b) Title and average	(c) Reportable		ealth benefits, tions to employee	(e) Estimat	ted amo	unt of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit p	lans, and deferred	other cor		
			,	CO	mpensation			
		]						
						_		
51 ————————————————————————————————————	Complete this table for the organization \$100,000 of compensation from the organization from the organization parameter and address of each independent contractor parameters.	anization. If there is no	ensated independe one, enter "None." (b) Type of			received Compensat		∍ thar
						<del> </del>		
			-					
	***************************************							
			]					
			1					
			<u></u>		. [			
d	Total number of other independent contra	actors each receiving	over \$100,000 .	. ▶				
52	Did the organization complete Schedule	A? Note: All section 5	601(c)(3) organizatio	ons and 49	47(a)(1)			
	nonexempt charitable trusts must attach					► ☐ Yes	s 🗀 🗈	No
Under p	enalties of perjury, I declare that I have examined this	return, including accompan	ving schedules and stat	ements, and t	o the best of my kn	owledge ar	nd belief	f. it is
true, co	rrect, and complete. Declaration of preparer (other tha	n officer) is based on all info	ormation of which prepar	rer has any kn	owledge			,
	VIII Must	45			10-28	-2012		
Sign Signature of officer Date								
Here	Scott Brustkern	, Treasurer						
	Type or print name and title	, trocourer			<del>- · ·</del>			
	Print/Type preparer's name	Preparer's signature		Date	<u> </u>	PTIN		
Paid		.,			Check L	of [		
Prep	1 — · ·	<u> </u>		· -		<u>~~1</u>		
Use			<del>_</del> ·· · · <del>· -</del>		Firm's EIN ▶			
May +	Firm's address  ne IRS discuss this return with the prepare	r shown above? See	instructions		Phone no	- TV-		Nc
iviay li	io ii io diacuaa tina returri witti tile prepare	1 OLIOMALI ADOVET DEE			<b>.</b>	► 📙 Yes	∍ ட ு!	No

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

▶ Attach 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number CFA Society of Iowa, Inc 42-1152989 Part I Line 16 Travel Expenses for Luncheon Speakers: \$542 Branding Campaign (Civic Center Ad + Association of Business & Industry Conference Sponsorship: \$1899 Student Support/Recruitment Expenses (CFA Research Challenge, potential new members): \$4366 Travel/Conference Expense for Board Members: \$4099 Overhead Expenses (Board Meeting lunches, Survey Monkey & Technology costs, bank fees, etc.): \$1403 Part III Line 31: Other Program Services consists predominantly of Outreach to Students & CFA Candidates, including a New Charterholder Ceremony for members and successful CFA candidates, practice exams for CFA candidates, campus visits to universities, etc. Part V Line 35: All reported income from Business Purposes was recieved from our membership (&/or their employers) and is related to the Society's core activities. We charged members a fee to attend Society luncheons & Networking events. These revenues are "pass-through" revenues designed to help defray the costs of providing educational and social events for our membership.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	•••••
·	
	••
	<del></del>