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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

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B 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	D Employer identification number 42-1228083
E Telephone number (225) 931-6126	F Group Exemption Number ►
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual H Check <input checked="" type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	I Website: ► HTTP://CHAPTERS.CCIM.COM/IAWA
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 ► \$ 88,423

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 74,506
	3 Membership dues and assessments	3 13,345
	4 Investment income	4 572
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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 exceeds \$15,000)	6b
Expenses	c Less direct expenses from gaming and fundraising events	6c
	d 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
	b Less cost of goods sold	7b
	c 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 88,423
	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
Net Assets	13 Professional fees and other payments to independent contractors	13 1,015
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 252
	16 Other expenses (describe in Schedule O)	16 72,957
	17 Total expenses. Add lines 10 through 16 ►	17 74,224
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 14,199
	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 36,904
	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 51,103

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	36,904	22	51,103
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	36,904	25	51,103
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)	36,904	27	51,103

Part III Statement of Program Service Accomplishments (see the instructions for Part III)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 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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
See Additional Data Table				

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		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41		
42a	Telephone no (225) 931-6126	
	ZIP + 4 70884	
42b		No
42c		No
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

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

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

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 tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40a**, section 4912 **40a**, section 4955 **40a**

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 **40c**

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

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**

41 List the states with which a copy of this return is filed **41**

42a The organization's books are in care of **CLAUDIA ROSALES** Telephone no (225) 931-6126
Located at **PO BOX 84825 BATON ROUGE, LA** ZIP + 4 **70884**

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**

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 the U.S.? **42c**

If "Yes," enter the name of the foreign country **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** 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**

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**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

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 within the meaning of section 512(b)(13)? **45a**

45b 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**

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49a		

49b If "Yes," was the related organization a section 527 organization?

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 title of each employee paid more than \$100,000	(b) 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

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 JAMES TANSEY PRESIDENT Type or print name and title	2013-05-06 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name JOHN E LAMALE	Preparer's signature JOHN E LAMALE	Date	Check <input type="checkbox"/> if self-employed	PTIN P00077390
	Firm's name ► BROOKS LODDEN PC	Firm's EIN ► 42-1229486			
	Firm's address ► 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 ► Yes No

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.

2012**Open to Public
Inspection**

Name of the organization

IOWA CCIM CHAPTER OF THE COMMERCIAL REAL
ESTATE INSTITUTE**Employer identification number**

42-1228083

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 572
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 5,818 DESCRIPTION COMMITTEE EXPENSES - PROMOTION, MEMBERSHIP, WEB SITE AMOUNT 1,193 DESCRIPTION EDUCATION PROGRAM COSTS AMOUNT 11,480 DESCRIPTION SCHOLARSHIPS AND SPONSORSHIPS AMOUNT 3,250 DESCRIPTION MANAGEMENT FEES AMOUNT 9,000 DESCRIPTION INSURANCE AMOUNT 419 DESCRIPTION EXPO EXPENSES - SPEAKERS, FACILITIES, WEB SITE, SUPPLIES AMOUNT 41,635 DESCRIPTION MISCELLANEOUS AMOUNT 162 TOTAL TO FORM 990-EZ, LINE 16 72,957

TY 2012 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.

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.)
28 TO CONDUCT APPROVED REAL ESTATE SEMINARS FOR THE CHAPTER, IOWA COMMERCIAL/LAND BOARD OF REALTORS, AND MEMBERS OF THE PUBLIC WITHIN THE CHAPTER JURISDICTION (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 0
29 TO PROMOTE THE IMAGE AND REPUTATION OF THE MARKETING INSTITUTE AND ITS CERTIFIED COMMERCIAL INVESTMENT MEMBER (CCIM) DESIGNEES (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a 0
30 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) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a 0
TO PROVIDE A FORUM FOR THE EXCHANGE OF INFORMATION (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	0
TO GIVE ASSISTANCE AND GUIDANCE TO CANDIDATES SEEKING TO BECOME DESIGNEES (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	0

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
GENE NELSEN CCIM PAST PRESIDENT	1 00	0	0	0
JAMES TANSEY CCIM VICE PRESIDENT	2 00	0	0	0
CHRISTOPHER STAFFORDCCIM PRESIDENT	2 00	0	0	0
TYLER DINGEL CCIM DIRECTOR	1 00	0	0	0
NIKI DEPHILLIPS CCIM SECRETARY	2 00	0	0	0
MICHAEL SHAFFER CCIM DIRECTOR	1 00	0	0	0
MATT LUNDBERG CCIM DIRECTOR	1 00	0	0	0
MARK PATTERSON CCIM DIRECTOR	1 00	0	0	0
CHRISTOPHER BOGENRIEF CCIM DIRECTOR	1 00	0	0	0
DUSTIN WHITEHEAD CCIM TREASURER	2 00	0	0	0
JENNIFER COOPER DIRECTOR	1 00	0	0	0
BARBARA HOKEL DIRECTOR	1 00	0	0	0