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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BUILDING OWNERS & MANAGERS ASSOC
OF IOWA
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 250
City or town, state or province, country, and ZIP or foreign postal code
DES MOINES, IA 50301

D Employer identification number
42-6076535
E Telephone number
(515) 967-3895
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: ☒ BOMAIOWA.ORG

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other _____

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, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ ☒ \$ 142,038

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 <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1						
	2	Program service revenue including government fees and contracts	2					48,611	
	3	Membership dues and assessments	3					63,894	
	4	Investment income	4					3,533	
	5a	Gross amount from sale of assets other than inventory	5a				26,000		
	b	Less cost or other basis and sales expenses	5b				26,628		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					-628	
	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				0		
Expenses	c	Less direct expenses from gaming and fundraising events	6c				0		
	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				0		
	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					115,410	
	10	Grants and similar amounts paid (list in Schedule O)	10					500	
	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					35,066	
	14	Occupancy, rent, utilities, and maintenance	14						
	15	Printing, publications, postage, and shipping	15					243	
	16	Other expenses (describe in Schedule O)	16					82,585	
	17	Total expenses. Add lines 10 through 16	17					118,394	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					-2,984	
	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					256,852	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20					-2,518	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21					251,350	

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	256,852	22	251,350
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	256,852	25	251,350
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	256,852	27	251,350

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

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 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
BRIAN RESSAU MEMBER AT LARGE	2 00	0		
JON KURTH PAST PRESIDENT	2 00	0		
JAMES SMITH President	2 00	0		
MIKE QUICK VP PROGRAMS	2 00	0		
KATE MILLER VP EDUCATION	2 00	0		
SCOTT COOLEY SEC/TREAS	2 00	0		
TRICIA MATTHIES VP MEMBERSHIP	2 00	0		
KAREN GOLDSWORTH ALLIED REPRESN	2 00	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		No
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)?	Yes	
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	Yes	
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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		No
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?		No
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	0	
b	Gross receipts, included on line 9, for public use of club facilities 39b	0	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>DAWN O'CONNOR</u> Telephone no ▶ <u>(515) 967-3895</u> Located at ▶ <u>PO BOX 250 DES MOINES, IA</u> ZIP + 4 ▶ <u>503010250</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>		No
c	Did the organization receive any payments for indoor tanning services during the year?		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)		No

		Yes	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		
		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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	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	(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
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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	<div>*****</div> <div>Signature of officer</div>			<div>2016-05-10</div> <div>Date</div>	
	<div>TRICIA MATTHIES VP SEC/TREAS</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Prnt/Type preparer's name DONALD C TIMMINS CPA		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00062769
	Firm's name <div>Timmins Kroll & Jacobsen LLP</div>				Firm's EIN <div></div>
	Firm's address <div>10550 New York Ave Suite 200 Des Moines, IA 503223775</div>				Phone no (515) 270-8080
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 42-6076535

Name: BUILDING OWNERS & MANAGERS ASSOC
OF IOWA

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>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 28 INDIVIDUALS (Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		28a	
<div>29 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 (Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		29a	

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization BUILDING OWNERS & MANAGERS ASSOC OF IOWA	Employer identification number 42-6076535
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - CENTRAL CAMPUS SCHOLARSHIPS WERE PROVIDED TO THE FOLLOWING STUDENT IN 2013 JOSEPH BAHNSEN5431 SE 29TH CTDES MOINES, IA 50320 \$500APPLICATION FOR THE SCHOLARSHIPS ARE MADE BY INTERESTED INDIVIDUALS THE BOARD CHOOSES THE RECIPIENTS OF THE SCHOLARSHIPS BASED ON THE INFORMATION INCLUDED IN THE APPLICATION AND REFERENCES WITH PREFERENCE GIVEN TO STUDENTS PURSUING EDUCATION IN A FIELD RELATED TO BUILDING MANAGEMENT COLLEGE REAL ESTATE SCHOLARSHIP WAS PROVIDED TO THE FOLLOWING STUDENT IN 2013 STEPHEN REITER181 MULBERRY DRCASCADE, IA 53033 \$1,500APPLICATION FOR THE SCHOLARSHIP ARE MADE BY INTERESTED INDIVIDUALS THE UNI SCHOLARSHIP BOARD CHOOSES THE RECIPIENT OF THE SCHOLARSHIP BASED ON THE INFORMATION INCLUDED IN THE APPLICATION AND REFERENCES WITH PREFERENCE GIVEN TO STUDENTS WHO HAVE A SERIOUS INTENT TO BE EMPLOYED IN THE COMMERCIAL REAL ESTATE INDUSTRY AND WHO HAVE PARTICIPATED IN UNIVERSITY, DEPARTMENT OR COMMUNITY ORGANIZATIONS AND EXHIBITED A POTENTIAL FOR LEADERSHIP AS DISPLAYED BY THOSE ACTIVITIES
Other Expenses 1012	Insurance \$1559
Other Expenses 1	DUES \$34439
Other Expenses 2	MEMBERSHIP MTGS AND EVENTS \$24858
Other Expenses 3	DELEGATE CONVENTION EXP \$17242
Other Expenses 4	BOARD MEETINGS \$2534
Other Expenses 5	CREDIT CARD FEES \$914
Other Expenses 6	TAXES \$478
Other Expenses 7	NAME BADGES \$251
Other Expenses 9	WEB SITE \$103
Other Expenses 10	BANK CHARGES \$85
Other Expenses 11	AWARDS \$55
Other Expenses 12	MISC \$42
Other Expenses 13	EDUCATION \$25