

Form 990EZ

Department of the
Treasury
Internal Revenue ServiceShort 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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

2020

Open to
Public
Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
IOWA CCIM CHAPTER OF THE COMMERCIAL REAL
ESTATE INSTITUTENumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 47986City or town, state or province, country, and ZIP or foreign postal code
PLYMOUTH, MN 55447

D Employer identification number

42-1228083

E Telephone number

(763) 291-7508

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: ► WWW.CCIMIOWA.COMJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527K 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 ► \$ 43,627

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	28,209
3	Membership dues and assessments	3	12,963
4	Investment income	4	445
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	
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	2,010
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	43,627

10	Grants and similar amounts paid (list in Schedule O)	10	4,000
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	800
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	57,082
17	Total expenses. Add lines 10 through 16 ►	17	61,882
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,255
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	90,137
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	71,882

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	90,137	22
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	90,137	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,137	27
		71,882

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.

28See Additional Data Table(Grants \$) If this amount includes foreign grants, check here **29** See Additional Data Table(Grants \$) If this amount includes foreign grants, check here **30** See Additional Data Table(Grants \$) If this amount includes foreign grants, check here **31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here **32** Total program service expenses (add lines 28a through 31a) **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 ROSTECK CCIM	2.00	0	0	0
PRESIDENT				
MIKE MACRI CCIM	2.00	0	0	0
PRESIDENT ELECT				
JEFF SPENCE CCIM	2.00	0	0	0
VICE PRESIDENT				
BEAU BRAUNGER CCIM	2.00	0	0	0
IMMEDIATE PAST PRESIDENT				
HARRISON KRUSE CCIM	2.00	0	0	0
SECRETARY/TREASURER				
CHANDLER MARTIN	1.00	0	0	0
DIRECTOR				
JIM TANSEY CCIM	1.00	0	0	0
DIRECTOR				
JUSTIN LOSSNER CCIM	1.00	0	0	0
DIRECTOR				
CLARK MATTHEWS CCIM	1.00	0	0	0
DIRECTOR				
ERIN HOEKSTRA	1.00	0	0	0
DIRECTOR				
DUSTIN WHITEHEAD CCIM	1.00	0	0	0
DIRECTOR				

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	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
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	No
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	
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	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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37b	
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
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	40d	
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 ► _____	40e	No
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		
41 List the states with which a copy of this return is filed. ► _____		
The organization's books are in care of ► JACQUIE WILLIAMS Telephone no. ► (763) 291-7508		
42a Located at ► PO BOX 47986 PLYMOUTH, MN ZIP + 4 ► 55447		
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	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	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: ► _____		
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	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	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

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

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

49b	
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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

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

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

***** Signature of officer MIKE MACRI PRESIDENT Type or print name and title	2021-05-13 Date
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Paid Preparer Use Only	Print/Type preparer's name JOHN E LAMALE CPA	Preparer's signature	Date 2021-05-13	Check <input type="checkbox"/> if self-employed	PTIN P00077390
	Firm's name ► BERGANKDV LTD			Firm's EIN ► 41-1431613	
	Firm's address ► 12100 MEREDITH DR SUITE 200 URBANDALE, IA 50323			Phone no. (515) 727-5700	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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 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; optional for others.)
<p>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)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 0</p>

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

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29 TO PROMOTE THE IMAGE AND REPUTATION OF THE MARKETING INSTITUTE AND ITS CERTIFIED COMMERCIAL INVESTMENT MEMBER (CCIM) DESIGNEES. (Grants \$ 0)	29a If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	0

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>30 TO ASSIST THE MARKETING INSTITUTE IN ACHIEVING ITS PURPOSES AND OBJECTIVES INCLUDING: MARKET FEEDBACK, COURSE PROMOTION, PUBLIC RELATIONS AND MEMBERSHIP RECRUITMENT AND RETENTION. SPONSOR ANNUAL EXPO MEETING. (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a 0</p>

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

<p>Expenses 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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>TO PROVIDE A FORUM FOR THE EXCHANGE OF INFORMATION. (Grants \$ 0)</p>	<p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>

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

<p>Expenses 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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>TO GIVE ASSISTANCE AND GUIDANCE TO CANDIDATES SEEKING TO BECOME DESIGNEES. (Grants \$ 0)</p>	<p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>

TY 2020 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

IOWA CCIM CHAPTER OF THE COMMERCIAL REAL
ESTATE INSTITUTE**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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2020**Open to Public
Inspection****Employer identification number**

42-1228083

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: INTEREST INCOME. AMOUNT: 445.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: CCIM EDUCATION SCHOLARSHIP REIMBURSEMENTS. AMOUNT: 2,000. DESCRIPTION: OTHER MISCELLANEOUS INCOME. AMOUNT: 10. TOTAL TO FORM 990-EZ, LINE 8: 2,010.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: CCIM SCHOLARSHIPS PAID. GRANTEE NAME: N/A - ALL RECIPIENTS PAID LESS THAN \$5,000. AMOUNT GIVEN: 4,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: CONFERENCES AND MEETINGS. AMOUNT: 261. DESCRIPTION: COMMITTEE EXPENSES - PROMOTION, MEMBERSHIP, ETC. AMOUNT: 2,463. DESCRIPTION: EDUCATION PROGRAM COSTS. AMOUNT: 19,080. DESCRIPTION: MANAGEMENT FEES/CONTRACT SERVICES. AMOUNT: 7,222. DESCRIPTION: REGION V EXPENSES. AMOUNT: 614. DESCRIPTION: EXPO EXPENSES - SPEAKERS, FACILITIES, WEB SITE, SUPPLIES. AMOUNT: 26,199. DESCRIPTION: BANK FEES/MERCHANT DEPOSIT FEES. AMOUNT: 129. DESCRIPTION: CREDIT CARD SERVICE FEES. AMOUNT: 6. DESCRIPTION: POSTAGE. AMOUNT: 19. DESCRIPTION: INSURANCE. AMOUNT: 679. DESCRIPTION: MISCELLANEOUS EXPENSE. AMOUNT: 374. DESCRIPTION: WEBSITE. AMOUNT: 36. TOTAL TO FORM 990-EZ, LINE 16: 57,082.