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**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)

2009

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning _____, **2009, and ending** _____

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Please use IRS label or print or type. See Specific Instructions. BUILDING OWNERS & MANAGERS ASSOCIATION OF THE INLAND EMPIRE (BOMA) 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | D Employer identification number 33-0390691 |
| | | E Telephone number (909) 825-2000 |
| | | F Group Exemption Number |
| | | G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ |
| | | 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: ▶ N/A

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 140,985.

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| 1 Contributions, gifts, grants, and similar amounts received | | 1 |
| 2 Program service revenue including government fees and contracts | | 2 23,490. |
| 3 Membership dues and assessments | | 3 46,210. |
| 4 Investment income | | 4 269. |
| 5a Gross amount from sale of assets other than inventory | 5a | 5c |
| 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) | | |
| 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | 6c |
| a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a 68,392. | |
| b Less direct expenses other than fundraising expenses | 6b 22,491. | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c 45,901. |
| 7a Gross sales of inventory, less returns and allowances | 7a | 7c |
| b Less cost of goods sold | 7b | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | |
| 8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>) | | 8 2,624. |
| 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | 9 118,494. |
| 10 Grants and similar amounts paid (attach schedule) | SEE STATEMENT 2 | 10 17,050. |
| 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 22,559. |
| 14 Occupancy, rent, utilities, and maintenance | | 14 |
| 15 Printing, publications, postage, and shipping | | 15 125. |
| 16 Other expenses (describe ▶ <u>SEE STATEMENT 3</u>) | | 16 66,966. |
| 17 Total expenses. Add lines 10 through 16 | | 17 106,700. |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 11,794. |
| 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 36,046. |
| 20 Other changes in net assets or fund balances (attach explanation) | | 20 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 47,840. |

| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) | | (A) Beginning of year | (B) End of year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|-------------------|
| 22 Cash, savings, and investments | | 36,046. | 22 47,119. |
| 23 Land and buildings | | | 23 |
| 24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>) | | | 24 721. |
| 25 Total assets | | 36,046. | 25 47,840. |
| 26 Total liabilities (describe ▶ _____) | | 0. | 26 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 36,046. | 27 47,840. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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 ASSETTS
 E1300
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210

| Part III Statement of Program Service Accomplishments (See the instructions.) | Expenses <small>(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)</small> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| What is the organization's primary exempt purpose? SEE STATEMENT 5 | |
| 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, or other relevant information for each program title | |
| 28 <u>SEE STATEMENT 6</u> ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a |
| 29 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a |
| 30 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a |
| 31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a |
| 32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs) | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| DESIREE GLOVER 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | PRESIDENT 5.00 | 0. | 0. | 0. |
| DALIDA SILVERMAN 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | SECRETARY 3.00 | 0. | 0. | 0. |
| FRAN NATALE 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | VICE PRESIDENT 0 | 0. | 0. | 0. |
| KRISTINE LINNENS 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | TREASURER 2.00 | 0. | 0. | 0. |
| LINDA MASON 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JIM SHURTZ 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PAMELA WHITE 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JENSIENE DEBERNARD 22421 BARTON ROAD # 132 GRAND TERRACE, CA 92313 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |

Part V Other Information (Note the statement requirements in the instrs for Part V.)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | X | |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 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 | | 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? | | 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 period covered by this return? | | 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 ▶ NONE | | |

42a The organization's books are in care of ▶ YVONNE PARKER Telephone no. ▶ (909) 825-2000
 Located at ▶ 22421 BARTON ROAD, # 132 GRAND TERRACE CA ZIP + 4 ▶ 92313

| | 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 a 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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** N/A

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | 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 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 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) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 ▶ _____

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: Desiree Glover Date: 5/15/10

Type or print name and title: Desiree Glover, President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/14/10 Check if self-employed: Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: LITKA, ROCHETTE & COMPANY
P.O. BOX 210
RUNNING SPRINGS, CA 92382-0210 EIN: N/A Phone no: (909) 867-2729

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|------------------|---------------------------------|
| | | GOLF TOURNAMEN (event type) | BOWLING AND HO (event type) | (total number) | (Add col. (a) through col. (c)) |
| | 1 | Gross receipts | 63,070. | 5,322. | 68,392. |
| | 2 | Less Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 63,070. | 5,322. | 68,392. |
| DIRECT EXPENSES | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 16,979. | 1,119. | 18,098. |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 3,321. | 1,072. | 4,393. |
| | 10 | Direct expense summary Add lines 4- through 9 in column (d) | | | |
| 11 | Net income summary Combine lines 3, column (d) and line 10 | | | | 45,901. |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming | |
|-----------------|---|------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--|
| | | (Add col. (a) through col. (c)) | | | | |
| | 1 | Gross revenue | | | | |
| DIRECT EXPENSES | 2 | Cash prizes | | | | |
| | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary Combine lines 1, column (d) and line 7 | | | | |

| | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain _____ | 9a | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain. _____ | 10a | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----|
| 13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility | 13a | % | |
| | 13b | % | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶ _____ Address ▶ _____ | | | |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ c If 'Yes,' enter name and address of the third party Name ▶ _____ Address ▶ _____ | | 15a | |
| 16 Gaming manager information Name: ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____ | | 17a | |

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

| | | |
|---------------|-----------|----------------------|
| ADVERTISING | \$ | 2,388. |
| MISCELLANEOUS | | 236. |
| TOTAL | \$ | <u>2,624.</u> |

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

| | | |
|------------------------|-------------------------------|------------|
| NAME: | CYSTIC FIBROSIS FOUNDATION | |
| ADDRESS: | 10455 SORRENTO VALLEY RD, STE | |
| | SAN DIEGO, CA 92121 | |
| PURPOSE OF PAYMENT: | CHARITABLE CONTRIBUTION | |
| AMOUNT: | | \$ 7,050. |
| | | |
| NAME: | INSTITUTE OF REAL ESTATE MGMT | |
| ADDRESS: | 22421 BARTON ROAD # 132 | |
| | GRAND TERRACE, CA 92313 | |
| PURPOSE OF PAYMENT: | TOURNAMENT PROFIT SPLIT | |
| AMOUNT: | | \$ 10,000. |
| PAYMENTS TO AFFILIATES | | \$ 17,050. |

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|----------------------------------------|-----------|-----------------------|
| ADVERTISING AND PROMOTION | \$ | 226. |
| AWARDS | | 731. |
| BOARD RETREAT | | 2,112. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | | 13,004. |
| DEPRECIATION | | 12. |
| DUES AND SUBSCRIPTIONS | | 27,031. |
| LUNCHEON EXPENSES | | 15,971. |
| MERCHANT FEES | | 1,888. |
| MISCELLANEOUS EXPENSES | | 1,194. |
| OFFICE EXPENSES | | 4,353. |
| TAXES | | 444. |
| TOTAL | \$ | <u>66,966.</u> |

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | | <u>ENDING</u> |
|-------------------------|------------------|-----------|---------------|
| MACHINERY AND EQUIPMENT | \$ 0. | \$ | 721. |
| TOTAL | <u>\$ 0.</u> | <u>\$</u> | <u>721.</u> |

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

BOMA IS A TRADE ORGANIZATION THAT PROVIDES TOPICAL PROGRAMS AT MONTHLY MEMBERSHIP MEETINGS AND PUBLISHES A NEWSLETTER WITH INFORMATION ABOUT THE ORGANIZATION.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IT IS THE MISSION OF THE ORGANIZATION TO INCREASE PROFESSIONALISM OF THE MEMBERS THROUGH QUALITY EDUCATIONAL PROGRAMS AND TO PROMOTE NETWORKING BETWEEN MEMBERS. THE EXCHANGE IDEAS BETWEEN MEMBERS AND THE EXPANSION OF COMMUNITY AWARENESS OF THE ASSOCIATION ACTIVITIES IS ACCOMPLISHED THROUGH EDUCATION, PUBLIC RELATIONS AND SOCIAL FUNCTIONS.

STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

BUILDING OWNERS & MANAGERS ASSOCIATION
OF THE INLAND EMPIRE (BOMA)

CLIENT BOMA

33-0390691

5/14/10

09 32AM

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | BUS PCT. | CUR 179 BONUS | SPECIAL DEPR ALLOW | PRIOR 179 BONUS/SP DEPR | PRIOR DEC BAL DEPR | SALVAGE /BASIS REDUCT | DEPR BASIS | PRIOR DEPR | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----------------------------|-------------|---------------|-----------|----------|---------------|--------------------|-------------------------|--------------------|-----------------------|------------|------------|--------|------|------|---------------|
| FORM 990/990-PF | | | | | | | | | | | | | | | |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | |
| 1 | COMPUTER | 1/15/04 | 11/16/09 | | 1,050 | | | | | 1,050 | 1,050 | S/L | 5 | | 0 |
| 2 | COMPUTER | 11/16/09 | | | 733 | | | | | 733 | | S/L | 5 | | 12 |
| TOTAL MACHINERY AND EQUIPME | | | | | | | | | | | | | | | |
| | | | | | 1,783 | 0 | 0 | 0 | 0 | 1,783 | 1,050 | | | | 12 |
| TOTAL DEPRECIATION | | | | | | | | | | | | | | | |
| | | | | | 1,783 | 0 | 0 | 0 | 0 | 1,783 | 1,050 | | | | 12 |
| GRAND TOTAL DEPRECIATION | | | | | | | | | | | | | | | |
| | | | | | 1,050 | 0 | 0 | 0 | 0 | 1,050 | 1,050 | | | | 0 |
| DEPRECIATION ASSETS SOLD | | | | | | | | | | | | | | | |
| | | | | | 733 | 0 | 0 | 0 | 0 | 733 | 0 | | | | 12 |
| DEPR REMAINING ASSETS | | | | | | | | | | | | | | | |