



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2011

Open to Public  
Inspection

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 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

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C</b> Name of organization GREATER HARTFORD CHAPTER OF BOMA INTERNATIONAL	<b>D</b> Employer identification number 06-1083409
Number and street (or P O box, if mail is not delivered to street address) ONE REGENCY DRIVE	<b>E</b> Telephone number (860) 243-3977
City or town, state or country, and ZIP + 4 BLOOMFIELD, CT 06002	<b>F</b> 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.BOMAHARTFORD.ORG](http://WWW.BOMAHARTFORD.ORG)**J** Tax-Exempt status (check only one)  501(c)(3)  501(c)( 6) (insert no)  4947(a)(1) or  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 ► \$ 161,621**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 . . . . .	2 103,664
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 2,191
	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
Expenses	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 54,566
	c Less direct expenses from gaming and fundraising events . . . . .	6c 41,377
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d 13,189
	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 1,200
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 120,244
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
Net Assets	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 3,600
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 1,979
	16 Other expenses (describe in Schedule O) . . . . .	16 125,456
	17 Total expenses. Add lines 10 through 16 . . . . .	17 131,035
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -10,791
	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) . . . . .	19 154,967
	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 . . . . .	21 144,176

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year	
<b>22 Cash, savings, and investments</b>	191,893	<b>22</b>	186,115
<b>23 Land and buildings</b>		<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>	3,899	<b>24</b>	2,386
<b>25 Total assets</b>	195,792	<b>25</b>	188,501
<b>26 Total liabilities (describe in Schedule O)</b>	40,825	<b>26</b>	44,325
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	154,967	<b>27</b>	144,176

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

THIS WELL ESTABLISHED AND DYNAMIC GROUP OF PROFESSIONALS OFFERS ITS MEMBERS ACCESS TO SEMINARS, EDUCATIONAL OPPORTUNITIES, SPECIAL REAL ESTATE PUBLICATIONS, SPECIAL EVENTS, AND THE ABILITY TO MEET OTHER BUSINESS PROFESSIONALS ASSOCIATED WITH THE REAL ESTATE INDUSTRY

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

<b>28 ORGANIZATION PROVIDES CONTINUING EDUCATION ON REAL ESTATE TRADE TO ITS MEMBERS</b> (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29 ORGANIZATION BRINGS IN SPEAKERS MONTHLY TO DISCUSS ISSUES AFFECTING THE COMMERCIAL REAL ESTATE INDUSTRY</b> (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31 Other program services (describe in Schedule O)</b> (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	

**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 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

**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)

**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, explain in Schedule O 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 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** 0

**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 0, section 4912 0, section 4955 0

**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** 0

**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** 0 No

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

**42a** The organization's books are in care of **42a** S & S MANAGEMENT SERVICES Telephone no **42a** (860) 243-9691  
1 REGENCY DRIVE SUITE 204  
Located at **42a** BLOOMFIELD, CT ZIP + 4 **42a** 06002

**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** 0

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 of the U.S.?

If "Yes," enter the name of the foreign country **42c** 0 No

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** 0

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**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*

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

**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

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**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)*

	Yes	No
<b>33</b>	<b>33</b>	No
<b>34</b>	<b>34</b>	No
<b>35a</b>	<b>35a</b>	Yes
<b>35b</b>	<b>35b</b>	Yes
<b>35c</b>	<b>35c</b>	No
<b>36</b>	<b>36</b>	No
<b>37a</b>	<b>37a</b>	0
<b>37b</b>	<b>37b</b>	0
<b>38a</b>	<b>38a</b>	No
<b>38b</b>	<b>38b</b>	0
<b>39a</b>	<b>39a</b>	0
<b>39b</b>	<b>39b</b>	0
<b>40b</b>	<b>40b</b>	0
<b>40e</b>	<b>40e</b>	No
<b>41</b>	<b>41</b>	CT
<b>42a</b>	<b>42a</b>	(860) 243-9691
1 REGENCY DRIVE SUITE 204 Located at <b>42a</b>	<b>42a</b>	06002
<b>42b</b>	<b>42b</b>	0
<b>42c</b>	<b>42c</b>	No
<b>43</b>	<b>43</b>	0
<b>44a</b>	<b>44a</b>	No
<b>44b</b>	<b>44b</b>	No
<b>44c</b>	<b>44c</b>	No
<b>44d</b>	<b>44d</b>	0
<b>45a</b>	<b>45a</b>	No
<b>45b</b>	<b>45b</b>	0

**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

	Yes	No
<b>46</b>		No

**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 47-49b and 52.

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

	Yes	No
<b>47</b>		

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

<b>48</b>	
-----------	--

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

<b>49a</b>	
------------	--

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

<b>49b</b>	
------------	--

**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 & 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

**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.

<b>Sign Here</b>	***** Signature of officer SHARON MORAN EXECUTIVE DIRECTOR Type or print name and title	2012-06-28 Date	
	Preparer's signature EDMUND S KINDELAN	Date Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00049717
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 KOSTINRUFFKESS & CO LLC 76 BATTERSON PARK ROAD FARMINGTON, CT 06032	EIN <input type="checkbox"/> 06-0754920 Phone no <input type="checkbox"/> (860) 678-6000	

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**F** Attach to Form 990 or Form 990 EZ. **F** See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

06-108340

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**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.

		(a) Event #1 <b>GOLF OUTING</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	54,566			54,566
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	54,566			54,566
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	41,377			41,377
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(41,377)
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				13,189

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	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 and 7 in column (d) . . . . .				

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? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**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?  Yes  No

**13** Indicate the percentage of gaming activity operated in

**13a**

**13b**

**14** Provide 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 contract with a third party from whom the organization receives gaming revenue?  Yes  No

**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

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

Director/officer

Employee

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?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**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.

**2011****Open to Public  
Inspection**

Name of the organization

GREATER HARTFORD CHAPTER OF BOMA INTERNATIONAL

**Employer identification number**

06-1083409

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 1 DIVIDENDS 2,190 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 2,191
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION ADVERTISING INCOME AMOUNT 1,200
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MANAGEMENT FEES AMOUNT 45,064 DESCRIPTION TRAVEL AMOUNT 266 DESCRIPTION INSURANCE AMOUNT 1,125 DESCRIPTION INTERNATIONAL DUES/MEETINGS AMOUNT 38,853 DESCRIPTION GENERAL AND ADMINISTRATIVE AMOUNT 18,234 DESCRIPTION BOMA EDUCATION AMOUNT 1,765 DESCRIPTION TRADE SHOW AMOUNT 3,813 DESCRIPTION MONTHLY MEETING AMOUNT 9,883 DESCRIPTION ELECTRONIC INFO SERVICES AMOUNT 491 DESCRIPTION CHARITABLE CONTRIBUTIONS AMOUNT 500 DESCRIPTION COMMITTEES AMOUNT 295 DESCRIPTION OFFICE EXPENSE AMOUNT 2,370 DESCRIPTION SOFTBALL TOURNAMENT AMOUNT 155 DESCRIPTION HOLIDAY SOCIAL AMOUNT 2,642 TOTAL TO FORM 990-EZ, LINE 16 125,456
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 3,899 END OF YEAR AMOUNT 2,386
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 40,825 END OF YEAR AMOUNT 44,325

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** GREATER HARTFORD CHAPTER OF BOMA INTERNATIONAL

**EIN:** 06-1083409

**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:** 06-1083409  
**Name:** GREATER HARTFORD CHAPTER OF BOMA  
INTERNATIONAL

### Form 990-EZ, Special Condition Description:

#### Special Condition Description

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

(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 & deferred compensation	(E) Expense account and other allowances
JOANN CHURCH ONE REGENCY DRIVE BLOOMFIELD, CT 06002	PRESIDENT 1 00	0	0	0
WESLEY NICOLL RPA ONE REGENCY DRIVE BLOOMFIELD, CT 06002	VICE PRESIDENT 1 00	0	0	0
RON GOODIN LEED AP BD C ONE REGENCY DRIVE BLOOMFIELD, CT 06002	SECRETARY 1 00	0	0	0
LINDA A PIZZELLA RPA ONE REGENCY DRIVE BLOOMFIELD, CT 06002	TREASURER 1 00	0	0	0
KAREN TIETJEN RPA ONE REGENCY DRIVE BLOOMFIELD, CT 06002	PAST PRESIDENT 1 00	0	0	0
PAMELA BAYER RPA ONE REGENCY DRIVE BLOOMFIELD, CT 06002	DIRECTOR 1 00	0	0	0
STEVEN ALEXANDER RPA ONE REGENCY DRIVE BLOOMFIELD, CT 06002	DIRECTOR 1 00	0	0	0
DAVID FAGONE RPA ONE REGENCY DRIVE BLOOMFIELD, CT 06002	DIRECTOR 1 00	0	0	0
RUSS STEVENS ONE REGENCY DRIVE BLOOMFIELD, CT 06002	LIAISON 1 00	0	0	0
SHARON MORAN ONE REGENCY DRIVE BLOOMFIELD, CT 06002	EXECUTIVE DIRECTOR 1 00	0	0	0