



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



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)

OMB No 1545-1150

**2012**

Department of the Treasury  
 Internal Revenue Service

► 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.

**Open to Public Inspection**

**A** For the 2012 calendar year, or tax year beginning , 2012, and ending ,

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** **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:  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: N/A

**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. ► \$ 111,119.

**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	19,185.
	3	Membership dues and assessments	3	31,978.
	4	Investment income	4	616.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	54,557.
	6c	Less: direct expenses from gaming and fundraising events	6c	32,128.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22,429.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	4,783.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,991.
10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	8,165.	
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	22,646.	
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15	140.	
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	53,370.	
17	<b>Total expenses.</b> Add lines 10 through 16	17	84,321.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,330.	
ASSETS	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	59,295.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	53,965.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

**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	58,868.	52,749.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	427.	1,216.
25 Total assets	59,295.	53,965.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,295.	53,965.

**Part III Statement of Program Service Accomplishments** (see the instrs 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? SEE SCHEDULE O

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 SCHEDULE O		
(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 (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
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
JENSIENE DEBERNARD PRESIDENT	5	0.	0.	0.
PAM WHITE PRES ELECT	3	0.	0.	0.
BETTE RADER VICE PRESIDENT	3	0.	0.	0.
KRISTINE LINNENS TREASURER	2	0.	0.	0.
BETTY KOHORST SECRETARY	1	0.	0.	0.
CHARLES BUDDMEYER DIRECTOR	1	0.	0.	0.
NINA SANCHEZ DIRECTOR	1	0.	0.	0.
LINDA MASON DIRECTOR	1	0.	0.	0.
LINDSAY PHILLIPS DIRECTOR	1	0.	0.	0.
MARLYN RYAN DIRECTOR	1	0.	0.	0.
DOMINIC CESARE DIRECTOR	1	0.	0.	0.
MARGE ALMOND DIRECTOR	1	0.	0.	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
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> 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)		X
<b>35 a</b> 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)?	X	
<b>b</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	X	
<b>c</b> 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		X
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38 b</b> N/A	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39 a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39 b</b> N/A	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A; section 4912 <b>▶</b> N/A; section 4955 <b>▶</b> N/A		
<b>b</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	<b>40 b</b>	
<b>c</b> 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 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> 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	<b>40 e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> NONE		

**42 a** 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>b</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 <b>▶</b> _____	<b>42 b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> 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 <b>▶</b> _____	<b>42 c</b>	X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** N/A

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44 a</b>	X
<b>b</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	<b>44 b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44 c</b>	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>44 d</b>	
<b>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45 a</b>	X
<b>b</b> 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)	<b>45 b</b>	X

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
46		X

**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

	Yes	No
47		
48		
49 a		
49 b		

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

49 a 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 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 J. White* Date: 5/15/13  
 Type or print name and title: James J. White

Paid Preparer Use Only: Print/Type preparer's name: JEFFREY A. LITKA, CPA; Preparer's signature: *J. Litka*; Date: 5/15/13; Check  if self-employed; PTIN: P00948880; Firm's name: LITKA, ROCHETTE & COMPANY; Firm's address: P.O. BOX 210, RUNNING SPRINGS, CA 92382-0210; Firm's EIN: 33-0438067; 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	(event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	46,632.		46,632.	
2	Less. Charitable contributions				
3	Gross income (line 1 minus line 2)	46,632.		46,632.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	19,431.		19,431.
	7	Food and beverages			
	8	Entertainment	600.		600.
	9	Other direct expenses	7,968.		7,968.
	10	Direct expense summary Add lines 4 through 9 in column (d)			27,999.
11	Net income summary Combine line 3, column (d), and line 10			18,633.	

**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 column (a) through column (c))
	1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____% No _____%	Yes _____% 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			

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
a The organization's facility
b An outside facility

Table with 2 columns: Label (13a, 13b) and Percentage (%). Row 13a is empty, row 13b is empty.

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?  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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Multiple horizontal lines for supplemental information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **BUILDING OWNERS & MANAGERS ASSOCIATION  
OF THE INLAND EMPIRE (BOMA)**

Employer identification number  
**33-0390691**

**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.

**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.

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

33-0390691

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

ADVERTISING	\$	3,473.
MISCELLANEOUS		1,310.
TOTAL	\$	<u>4,783.</u>

FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME:	CYSTIC FIBROSIS	
DONEE'S ADDRESS:	10455 SORRENTO VALLEY ROAD	
	SAN DIEGO, CA 92112	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 8,165.

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

ADVERTISING AND PROMOTION	\$	447.
AWARDS		729.
BOARD RETREAT		639.
CONFERENCES, CONVENTIONS, AND MEETINGS		12,020.
DEPRECIATION		288.
DUES AND SUBSCRIPTIONS		20,078.
INSURANCE		1,063.
LUNCHEON EXPENSES		13,126.
MERCHANT FEES		1,571.
MISCELLANEOUS EXPENSES		989.
OFFICE EXPENSES		2,385.
TAXES		35.
TOTAL	\$	<u>53,370.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 427.	\$ 1,216.
TOTAL	<u>\$ 427.</u>	<u>\$ 1,216.</u>