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Form **990**

(E)

DEC

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

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)

2012

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 2012 and ending JUN 30, 2013 Check if applicable C Name of organization D Employer identification number BUILDING OWNERS AND MANAGERS INSTITUTE INTERNATIONAL, INC Name change Doing Business As 23-7070298 Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated ONE PARK PLACE 475 (410)974-1410 Amended City, town, or post office, state, and ZIP code 4,606,709. G Gross receipts \$ Applica-ANNAPOLIS, MD 21401 H(a) Is this a group return pending Yes X No F Name and address of principal officer JEFFREY A. for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.BOMI.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1970 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities SEE PART III, LINE Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 14 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 39 5 14 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form-990-T-line-34. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 10,170 50. Revenue OSC 398,606. Program service revenue (Part VIII, line 2g) 4,335,112. Investment income (Part VIII, column (A), lines 3, Find 10 V 2 5 2013 20,957 105,815. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,211 14,821. 11 Total revenue - add lines 8 through 11 (must equal Pat) (Column (A), line 12) 4,450,944 455.798. 12 13 Grants and similar amounts paid (Part IX, column (A), lines-1-3) О. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0. 2,522,105 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2.541 .900. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,052,947 1,955,489. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,575,052 <u>4,497,389.</u> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 -124,108-41,591. 5 Beginning of Current Year **End of Year** Total assets (Part X, line 16) 2,030,646. 2,079,879. 20 1,392,368 21 Total liabilities (Part X, line 26) ,547,932. Net assets or fund balances Subtract line 21 from line 20 638,278. 531,947 Part II | Signature Block 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 prepared other than officer) is based on all information of which preparer has any knowledge. Signature of ohige Date Sign JEFFREY A. HORN ∕PRESIDENT & CEO Here Type or print name and title Print/Type preparer's name P00543022 Preparer's signature 101 Paid McKnight sett-employed Firm's name GELMAN, ROSENBERG & FREEDMAN Preparer Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 650N Use Only BETHESDA, MD 20814-2930 (301) 951-9090 Phone no.

X Yes

Form 990 (2012)

Form	990 (2012) INTERNATIONAL, INC	23-7070298	Page 2
Par	t III Statement of Program Service Accomplishments	·	
	Check if Schedule O contains a response to any question in this Part III		\mathbf{x}
1	Briefly describe the organization's mission:		
	BOMI WILL BE THE PREMIER INTERNATIONAL PROVIDER OF EDU	CATIONAL	
	PRODUCTS AND SERVICES TO THE PROPERTY AND FACILITY MAN	AGEMENT	
	INDUSTRIES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		ınd
	revenue, if any, for each program service reported.	,	
4a	(Code) (Expenses \$ 1,347,584. including grants of \$) (Rev	venue \$ 4,335,3	112.)
		RVICES:	
	DURING FISCAL YEAR 2013, BOMI INTERNATIONAL ENROLLED 2	,334 NEW STUDI	ENTS
	IN ITS PROFESSIONAL DESIGNATION PROGRAMS, REGISTERED 6		
	SELF-STUDY OR INSTRUCTED COURSES, AND ADMINISTERED 4,8		
	BOMI INTERNATIONAL ALSO CONFERRED 469 RPA, FMA AND SMA		
	INTERNATIONAL WORKED COLLABORATIVELY WITH BOTH STATE R	~	
	COMMISSIONS TO AWARD CONTINUING EDUCATION CREDITS AND		
	COUNCIL ON EDUCATION TO AWARD HIGHER EDUCATION CREDITS		
	INTERNATIONAL GRADUATES AND STUDENTS.		
			
4b	(Code) (Expenses \$	venue \$)
	STUDENT SERVICE TEAM:		
	THE STUDENT SERVICE TEAM FIELDED INQUIRES ABOUT BOMI I	NTERNATIONAL'	S
	EDUCATIONAL PROGRAMS FROM REFERRALS, MAGAZINE ADS, ONL	INE	
	ADVERTISEMENT, EMAIL CAMPAIGNS, AND DIRECT MAIL. IN AD	DITION, THIS !	PEAM
	RESPONDED TO DAILY CALLS FROM CURRENT STUDENTS AND GRA	DUATES. THE TI	EAM
	ALSO COORDINATED DIRECT ON-SITE TRAINING TO CORPORATE	CLIENTS. TEAM	
	ALSO CONDUCTED OUTREACH TO CURRENT STUDENTS, GRADUATES		S
	WITH PROMOTIONAL MATERIALS, SUCH AS BOMI INTERNATIONAL	'S WEBSITE,	
	SOCIAL MEDIA PLATFORMS SUCH AS FACEBOOK, TWITTER, AND	LINKEDIN, THRO	OUGH
	DIRECT MAIL AND EMAIL CAMPAIGNS, EDUCATIONAL CATALOG,	ENEWSLETTER,	
	TRADE SHOW PROMOTIONS, AND BOARD OF TRUSTEES' COMMUNIC	ATIONS.	
4c		venue \$)
	EDUCATION CURRICULUM:		
	THE EDUCATION CURRICULUM TEAM ENSURES THAT BOMI INTERN		
	EDUCATION OFFERINGS ARE LEADING-EDGE AND THAT COURSE A		
	ARE STATE-OF-THE-ART IN PROPERTY AND FACILITIES MANAGE		
	BOMI INTERNATIONAL OFFERS 19 COURSES EITHER IN-CLASS,		
	SELF-STUDY FORMAT WHICH CAN LEAD TO A BOMI INTERNATION		
	DESIGNATION (REAL PROPERTY ADMINISTRATOR (RPA), FACILI		TV
	ADMINISTRATOR (FMA), SYSTEMS MAINTENANCE ADMINISTRATOR		
	MAINTENANCE TECHNICIAN (SMT) OR A CERTIFICATE IN A SPE		OF
	PROPERTY AND FACILITIES MANAGEMENT. BOMI INTERNATIONAL		
	PROFESSIONALS MEET RIGOROUS PROFESSIONAL STANDARDS AND		ELY_
	APPLY THEIR COURSEWORK KNOWLEDGE TO BUILD A MORE ROBUS	T CAREER IN	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,872,877.		
		Form 9 5	90 (2012)

Form 990 (2012) INTERNATIONA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 22
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	امما		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u>X</u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	<u> </u>
		Form	990	(2012)

Form 990 (2012) Part IV Checklist of Required Schedules (continued)

•	Did the example to send more than \$5,000 of create and although the second seco		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	04		v
22	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		_ <u>X</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III	~		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1.0		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		_X_
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
~_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
		Form	990	(2012)

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Form 990 (2012) INTERNATIONAL, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b		Check if Schedule O contains a response to any question in this Part V			
1s Enter the number reported in Box 3 of Form 1086 Enter 0- if not applicable 1s Enter the number of Forms W206 included in line 1s. Enter 0- if not applicable 2 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If at least one is reported on the 26, did the organization field all required federal employment tax returns? 3 Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross is someone of \$1,000 or more during the year? 3 Life 1 Yes, * has it filed a Form 990 For this year? If * Not. * provide an explanation in Schedule O 3 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 feet and the program of				Yes	No
be Enter the number of Forms W.2G included an line 1a Enter-0- if not applicable Coll the organization comply with backup withholding rives for reportable payments to vendors and reportable gaming (gambling) winnings to prize wenners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year ocvered by this return 30 bit of a theast one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bit of the calendar year ending with or within the year ocvered by this return. 31 bit of the organization have unrelated business gross income of \$1,000 or more during the year? 32 bit of the organization have unrelated business gross income of \$1,000 or more during the year? 33 bit of the organization have unrelated business gross income of \$1,000 or more during the year? 34 A lary time during the calendar year, did the organization have an interest in, or a signature or other fauncial occount? 35 bit if Yes, a relate the name of the foreign organization have an interest in, or a signature or other fauncial occount? 36 bit of the organization aparty to a prohibited tax ehelter transaction at any time during the tax year? 37 bit of the Signature of the organization that was or signature or other fauncial occounts? 38 bit of the organization aparty to a prohibited tax ehelter transaction? 39 bit of the signal party notify the organization tax was or signal party to a prohibited tax ehelter transaction? 30 bit of the organization specific particular that are normally greater than \$100,000, and did the organization solicit any contributions were not tax deductible or organization and party for goods and services provided? 30 bit organizations that may receive deductible contributions under section 170(c). 31 bit organizations that may receive deductible contributions under section 170(c). 32 bit organizations that may receive deductible contributions under section 170(c). 33	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.			.,,,
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with with experiments of the cities of th					
4		· · · · · · · · · · · · · · · · · · ·			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Mod for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a D dit the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3a X X 3b If Yes, * has it filed a Form 990°T for this year? If *No.* provide an explanation in Schedule O 3b If Yes, * has it filed a Form 990°T for this year? If *No.* provide an explanation in Schedule O 3b If Yes, * has it filed a Form 990°T for this year? If *No.* provide an explanation in Schedule O 3c If Yes, * has it filed a Form 990°T for this year? If *No.* provide an explanation in Schedule O 3c If Yes, * has the drugh the calendar year, did the organization have near the second on the foreign country. P See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibitotie tax shelter transaction at any time duming the tax year? 5b D day in taxible party nority the organization have form 8866.7? 5c If Yes, * to line 5a or 5b, did the organization have Form 8866.7? 5c If Yes, * to line 5a or 5b, did the organization have Form 8866.7? 6c Does the organization neural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If Yes, * did the organization in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7c Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7b If Yes, * did the organization in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7c Did the organization received a contribution of cars, boats, arripanes, or otherwise d			1c	x	
filed for the calendar year ending with or within the year covered by this return 2 a 39 b 14 all east one is reported on the 28, dot the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 950 or for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? 4a If "Yes," enter the name of the foreign country [with a so a bank account, securities account, or other financial account!? 4a If "Yes," enter the name of the foreign country [with a so a bank account, securities account, or other financial account!? 5b If "Yes," did the organization include with every solicitation at any time during the tax year? 5c If Yes, "to line 5 as of 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5 as of 50, did the organization that it was or is a party to a prohibited tax shelter transaction shelt any contributions that were not tax disclubite as chariable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contribution and party for goods and services provided to the payor? 6c If Yes, "did the organization include with every solicitation and explanation of the year payment in excess of 55 made party as a contribution on quantities of the payor and	2a				
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					<u>X</u>
	D	ii res, has it nieu a Form 720 to report these payments ? II INO, " provide an explanation in Schedule O		990	(2010)

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BUILDING OWNERS AND MANAGERS INSTITUTE

INTERNATIONAL, INC

23-7070298_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI				<u>. </u>		X
<u>Sec</u>	tion A. Governing Body and Management				 r		
		ı	ı			Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_		14	-		
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ	ļ	[- 1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			امما			
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_	l	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	1			
	officer, director, trustee, or key employee?			-	2	-	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			}	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form S		as filed?	.	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		- }	5		<u>X</u>
6	Did the organization have members or stockholders?			}	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	Ì	_	l	v
	more members of the governing body?	ماءات سام		-	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockn	olders, or		74		v
_	persons other than the governing body?	a b 4b	o fallarinas	}	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ie following.		0-	v	
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?	اممطم	at the		8b	-^-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	icnea	at the		9		X
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	OVODU.	e Code)		9		
<u> </u>	tion D. 1 Onoice (this Section B requests information about policies not required by the internal re	evenu	e Code./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hanter	s affiliates		104		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		o,	1	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	lv befo	re filing the for	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	g				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done	•			12c	Х	
13	Did the organization have a written whistleblower policy?		_	ĺ	13	Х	
14	Did the organization have a written document retention and destruction policy?			ĺ	14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ıı	ndependent				,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?				16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MD						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	Γ (Sec	tion 501(c)(3)s	only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain		•				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	ontlict	of interest poli	cy, and	inar tinar	icial	
	statements available to the public during the tax year		and attent				
20	State the name, physical address, and telephone number of the person who possesses the books a	na rec	oras of the org	ganızat	ion 🕨	_	
	ONE PARK PLACE, NO. 475, ANNAPOLIS, MD 21401						
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12-10	16				1 0111	, 555	(2012)

INTERNATIONAL, INC

23-7070298

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(do box	not c	(C Posi heck ss pe	tion		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREG GRAINGER	2.00							_		_
CHAIRMAN OF BOARD		X		Х		<u> </u>		0.	0.	0.
(2) JEAN SAYLES JACOBSON	2.00								_	
VICE CHAIRMAN		X		X		_		0.	0.	0.
(3) DAVE FAGONE	2.00								_	_
SECRETARY/TREASURER		X		X		ļ		0.	0.	0.
(4) VYETTA SUNDERLAND	1.00								_	
IMMEDIATE FORMER CHAIRMAN	1 00	X		X		_		0.	0.	0.
(5) HOWARD ARNDT	1.00					ļ			•	
TRUSTEE	1 00	X				ļ		0.	0.	0.
(6) MARK BOEHNLEIN	1.00	.,							_	
TRUSTEE	1 00	X				-		0.	0.	0.
(7) MIKE DAY	1.00	,,								
TRUSTEE	1 00	X				\vdash		0.	0.	0.
(8) LAURIE ELL	1.00	х							•	0
TRUSTEE	1.00	Λ			-			0.	0.	0.
(9) STORMY FRIDAY	1.00	x						0.	0.	0
TRUSTEE VALUE VALU	1.00	Λ				├	-	<u> </u>	0.	0.
(10) LESLEY HEIEIS TRUSTEE	1.00	x						0.	0.	0.
(11) JACQUELINE PARKS	1.00	Α	-				-	· · ·	<u> </u>	0.
TRUSTEE	1.00	x						0.	0.	0.
(12) DON TAIT	1.00							•	0.	<u>.</u>
TRUSTEE		x						0.	0.	0.
(13) TYLER WHITE	1.00				-					
TRUSTEE		x						0.	0.	0.
(14) SARAH WRIGHT	1.00								•	
TRUSTEE		x						0.	0.	0.
(15) JEFFREY A. HORN	40.00									
PRESIDENT & CEO				Х				174,941.	0.	8,570.
(16) SHERRY L. HEWITT	40.00									
COO & CFO				Х				145,905.	0.	3,560.
(17) AMY MCMONIGLE	40.00] [_			
VP OF STUDENT & GRADUATE						X		108,373.	0.	1,950.
232007 12-10-12										Form 990 (2012)

Page 8

Tocolion A. Omeers, Directors, 1143	tees, itey Lin	PIUS	CCS	, am	<u>u 11</u>	gile.	<u> </u>	Joinpensateu Employet	es (continued)				
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average	(do		Pos heck) than :	one	Reportable Reportable			Es	tımate	ed
	hours per week	box	, unle	ss pe	rson	is bot or/trus	han	1 '	compensation			nount	
	(list any				П			from the	from related organizations	- 1		other pensa	
	hours for	Individual trustee or director			l	20		organization	(W-2/1099-MIS			om th	
•	related	tee or	ustee			ensat		(W-2/1099-MISC)	,	-/		anızat	
	organizations	al trus	nal tr		loye	comp e					and	d relat	ied
	below line)	lvidu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			į	orga	ınızatı	ons
		트	Ĕ	9	<u>ş</u>	포를	요						
(18) HOLLY BENTLEY	40.00							100 460					
DIRECTOR OF EDUCATION		 -				X		108,460.		0.			0.
		}											
					 	┼							
						 -							
					1					ļ			
						-		-					
									-4-				

					-								
1b Sub-total						•		537,679.		0.	1	4,0	80.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								537,679.		0.	1	4,0	80.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	bov	e) wh	o r	eceived more than \$100	,000 of reportable	е			
compensation from the organization	-												4
										-		Yes	No
3 Did the organization list any former officer,		ıstee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on		İ		
line 1a? If "Yes," complete Schedule J for s								-			3		<u> </u>
4 For any individual listed on line 1a, is the su									he organization	ļ			
and related organizations greater than \$150			•							}	4	<u> </u>	├
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi-	dual for services		_		1 37
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scrieduii	e <i>J 1</i>	or st	icn j	pers	son			· · · · · · · · · · · · · · · · · · ·		5		<u> </u>
Complete this table for your five highest co	mponested in	ione	ndo	nt o	ont	raata		that recoved more than	1100 000 of com				
the organization Report compensation for										pensa	Ition II	Om	
(A)	ine calcindar y	care	Jiidii	<i>1</i> 9 v	VILIT	O1 W		(B)	ear.		(C		
Name and business	address							Description of s	ervices	C	ں omper		n
PEARSON VUE								COMPUTER-BAS	ED				
5601 GREEN VALLEY DR, BLO	OMINGTO)N	. N	M	5	543					38	ი . ა	24.
ICF, INC LLC							-	CONSULTANT/C	URRICULU			, , ,	
9300 LEE HIGHWAY, FAIRFAX, VA 22031								M HP PROJECT			27	7.7	37.
VIATECH PUBLISHING SOLUTI								PRINTING &					
PO BOX 503433, SAINT LOUI	<u>(S, M</u> O 6	<u> 3</u> 1	<u> </u>)			1	FULFILLMENT			24	9.1	00.
RELIANCE NETWORK SOLUTION	NS, 2431	LS	OI	101	101	NS	$\overline{}$	CONSULTANT/I	.т.				
ISLAND ROAD, ANNAPOLIS, M	1D 21401	L						SUPPORT			12	0,8	00.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

			RNATIONAL	, INC			23-7070	298 Page 9
Pa	t VII							
		Check if Schedule O cont	tains a response	to any question	in this Part VIII (A)	(B)	. (C)	. <u>L</u>
					Total revenue	Related or	Unrelated	(D) Revenue excluded
						exempt function	business	from tax under sections 512, 513, or 514
တတ		F. d	1.1			revenue	revenue	513, or 514
ᄩ		Federated campaigns	1a	<u>_</u> .				
عَ ق		Membership dues	1b					
Ţţ.		Fundraising events	. <u>1c</u>			1		
윤틸		Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	_	Government grants (contribut						
iğ bi	f	, , , ,		ΕO				
물리	_	similar amounts not included abo		50.				
E E	g		s 1a-1f \$		E0			
9 0	<u>n</u>	Total. Add lines 1a-1f	•	D	50.			
	•	ביווספי פיפיפי		Business Code		2 520 750		
Š	2 a	CAMPANA FEEG				2,529,759.		
ie š	b	TUITION FEES		611600	799,181. 480,415.			
Program Service Revenue	C	ENROLLMENT FEES	3	611600	203,603.			
Pag	a	PROFESSIONAL DE		611600	200,920.			
<u>۾</u> ا	4	All other program service reve		611600	121,234.			
		Total. Add lines 2a-2f	enue		4,335,112.			
	<u>я</u> 3	Investment income (including	dividends intere		4,333,112.			
}	3	other similar amounts)	dividends, lintere	est, and	6,726.			6,726.
l	4	Income from investment of ta	x-exempt bond r	•	0,720.		-	0,720.
	5	Royalties .	x-exempt bond p	Dioceeds -			*	
	Ū	, loyallioo .	(i) Real	(ii) Personal		-		
	6 a	Gross rents	(y rical	light craonar				
		Less. rental expenses						
- 1		Rental income or (loss)						
		Net rental income or (loss)						
1		Gross amount from sales of	(i) Securities	(II) Other				
- 1		assets other than inventory	250,000.					
	b	Less: cost or other basis						
		and sales expenses	150,911.					
	С	Gain or (loss)	99,089.					
į	d	Net gain or (loss)		. •	99,089.			99,089.
	8 a	Gross income from fundraisin	g events (not					
ᇍ		including \$	of					İ
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
₹	b	Less direct expenses .	b			;		
۱ ۲	С	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	. а					
	b	Less direct expenses	. b					
		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances .	. а					
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sale		<u> </u>			 	ļ
		Miscellaneous Revenu	16	Business Code	1			
	11 a	MISCELLANEOUS		900099	14,821.	ļ		14,821.
	b							
	С			-				
	d	All other revenue		<u> </u>	44			
		Total. Add lines 11a-11d			14,821.			100 535
23200	12	Total revenue. See instructions.	<u> </u>	>	<u>4,455,798.</u>	4,335,112.	0.	120,636.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		S Part IX (R)	(C)	. L (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	355,650.		355,650.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	:			
7	Other salaries and wages	1,767,797.	1,441,394.	326,403.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	35,134.	27,454.	7,680.	
9	Other employee benefits	197,656.	149,515.	48,141.	
0	Payroll taxes	185,663.	132,972.	52,691.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	15,517.	590.	14,927.	
С	Accounting	25,000.		25,000.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	479,827.	324,387.	155,440.	
2	Advertising and promotion	59,094.	59,041.	53.	
3	Office expenses	134,538.	95,280.	39,258.	
4	Information technology .	78,750.	78,750.		
5	Royalties				
6	Occupancy	386,166.		386,166.	
7	Travel	162,636.	108,458.	54,178.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	104			
2	Depreciation, depletion, and amortization	124,598.	72,869.	51,729.	
3	Insurance	5,270.		5,270.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COURSE MATER./USER FEES	278,935.	278,935.		
b	MERCHANT CARD FEES	53,092.	2,0,000	53,092.	
C	DP/EQUIP. SERV. CONTR.	34,484.	207.	34,277.	
d	AWARD SUPPLIES	26,854.	26,854.	34,4110	
	All other expenses	90,728.	76,171.	14,557.	
	Total functional expenses Add lines 1 through 24e	4,497,389.	2,872,877.	1,624,512.	
<u>5</u>	Joint costs. Complete this line only if the organization	<u> </u>	4,014,011	1,044,314.	.
6	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	EUDGIIOITAI CATTIVAIGIT ATTU TUTTULAISITTY SUIICITALIOII.				

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 187,756. 160,799. 1 25,522. 520,251. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 285,976. 403,894. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 30,130. 25,032. 8 Inventories for sale or use 8 71,473. Prepaid expenses and deferred charges 50,552. 10a Land, buildings, and equipment cost or other 1,846,008. basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 1,768,542. 75,636. 77,466. 10c 249,174. 956,963. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 <u>397,190</u>. 592,711. 15 2,030,646. 2,079,879. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 682,607. 777,858. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 189,428 175,810. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 520,333. 594,264. 25 1,392,368. 1,547,932. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 638,278. 531,947. 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 638,278 531,947. 33

> , 079, 879. Form **990** (2012)

Total liabilities and net assets/fund balances

030,646

FOIL	1990 (2012) INTERNATIONAL, INC	<u> </u>	1010298	Pag	ge 🕰
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,455	5,7	98.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,497		
3	Revenue less expenses. Subtract line 2 from line 1	3			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	638	3,2	78.
5	Net unrealized gains (losses) on investments	5	-64	1,7	40.
6	Donated services and use of facilities	6_			
7	Investment expenses	_7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	531	1,9	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	; O.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both.				'
	X Separate basis Consolidated basis Both consolidated and separate basis		-		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			-
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	i		ĺ
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audıt			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		i

232012 12-10-12

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

BUILDING OWNERS AND MANAGERS INSTITUTE

Inspection Employer identification number

			TIONAL, INC						2	<u>3-7070</u>	<u> 298</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions				
The organ	ization is not a	a private foundation	because it is. (For lines 1	through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sch	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization (operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospita	l's nam	e,
	city, and stat	e										
5 🗔	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unr	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7			eives a substantial part o					r from the	general	public desc	ribed ir	n
		b)(1)(A)(vi). (Comple							_			
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9 🗀	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, ai	nd gross re	ceipts f	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	investi	ment
	income and u	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 197	5.
	See section	509(a)(2). (Complete	Part III)									
10	An organizati	on organized and op	perated exclusively to tes	st for publ	ic safety. S	See sectio	n 509(a)(4	\$).				
11	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	of one o	or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	n 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h						
	a Type I	I b 🗌 Ту	/pe II c 🔲 Ty	ype III - Fu	nctionally i	ntegrated	c	ј 🔲 Тур	e III - Nor	n-functional	lly integ	jrated
е 🗔	By checking	this box, I certify tha	it the organization is not	controlled	directly of	r indirectly	by one or	r more disc	qualified	persons ot	her thai	n
	foundation m	anagers and other t	han one or more publicly	, supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box .									
g	Since August	t 17, 2006, has the c	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (ııi) below,	,	Yes	No
	the gove	eming body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amoun	t of mor	netary
	anization	(,	(described on lines 1-9		sted in your			organizátic (i) organiz	/II III GOL [port	.0.0.
			1	governing	document?	(i) of you	r support?	U.S	.?	·	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ							
					ļ					ı		
							}					
											-	
											-	
					_		<u> </u>					
Total												
	aperwork Re	duction Act Notice	, see the Instructions fo	or				Schedul	e A (Fori	m 990 or 9	90-EZ)	2012

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

<u>ocinedale v</u>	11 01111 330 01 330 LZ	гay
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization	zation
	fails to qualify under the tests listed below, please complete Part III)	

Section A. Public Support						·
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")				•		
2 Tax revenues levied for the organ-	•					
ızatıon's benefit and either paid to					ì	
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to		1				
the organization without charge						
4 Total. Add lines 1 through 3	<u> </u>					
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,				Ì		
column (f)						
6 Public support. Subtract line 5 from line 4	-, -					
Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain	12					
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instructi	ons)	1		12	
13 First five years. If the Form 990 is for	*		rd fourth or fifth t	ax vear as a sectio	· · · · · · · · · · · · · · · · · · ·	···
organization, check this box and stop			,	ar your do a ooom	5.1. CC 1 (C)(C)	▶□
Section C. Computation of Publi	ic Support Pe	rcentage				
14 Public support percentage for 2012 (I	ne 6, column (f) d	ivided by line 11,	column (f))	-	14	%
15 Public support percentage from 2011	Schedule A, Part	II, line 14		•	15	%
16a 33 1/3% support test - 2012. If the c	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
stop here. The organization qualifies						▶□
b 33 1/3% support test - 2011. If the c	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	nis box
and stop here. The organization quali					,	▶□
17a 10% -facts-and-circumstances test			•	e 13, 16a, or 16b.	and line 14 is 10%	or more,
and if the organization meets the "fac						
meets the "facts-and-circumstances"						▶□
b 10% -facts-and-circumstances test				-	17a, and line 15 is	. 🛩 🗔 10% or
more, and if the organization meets th						
organization meets the "facts-and-circ				•		` ▶□
18 Private foundation. If the organization						s I
			,		edule A (Form 990	-

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support	novi, picase com	piete r art ii j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						.,
membership fees received. (Do not						,
include any "unusual grants.")						
2 Gross receipts from admissions,				·	<u> </u>	
merchandise sold or services per-				İ]
formed, or facilities furnished in					•	
any activity that is related to the					+	
organization's tax-exempt purpose					-	
3 Gross receipts from activities that					İ	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	 -	-				
furnished by a governmental unit to						
the organization without charge				 	 	
6 Total. Add lines 1 through 5				-	-	ļ
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	_	1				· · · · · · · · · · · · · · · · · · ·
T						
8 Public support (Subtract line 7c from line 6) Section B. Total Support		1 .	L	<u> </u>	1	1
	(-) 0000	#10000	4.3.0040	4 0 0044	1 () () ()	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975]
c Add lines 10a and 10b						
11 Net income from unrelated business	· · ·	 				
activities not included in line 10b.						
whether or not the business is				}		}
regularly carned on					1.	
12 Other income Do not include gain or loss from the sale of capital		ľ				
assets (Explain in Part IV)		<u></u>				
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second. thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation.
check this box and stop here	J	,		,	(-)(-) 0.96///	
Section C. Computation of Public	c Support Pe	ercentage	-	-		
15 Public support percentage for 2012 (lii			column (ft)		15	
16 Public support percentage from 2011				•	15	····
Section D. Computation of Inves			·		16	
<u> </u>			- 10! (7)	·	Т Г	
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	
18 Investment income percentage from 2				•	18	
19a 33 1/3% support tests - 2012. If the						17 is not
more than 33 1/3%, check this box an			-	• •	•	. ▶□
b 33 1/3% support tests - 2011. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization					-	
232023 12-04-12			22, 27,0000		hadula A (Form 90	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

BUILDING OWNERS AND MANAGERS INSTITUTE
INTERNATIONAL INC

Employer identification number 23 – 7070298

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	• — — —
_	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or across davides, or ser any earlier purpose	Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		, (11, 110)
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	1 1000174410110110110101	tined filsterio structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	nod derivation definibation in the ferm	Tota conscivation casement on the last
	out or the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	••	2b
c	Number of conservation easements on a certified historic sti	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register	and of three, and not on a motorio strac	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	
	year ▶	included, extended by the	to organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements	· · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		-
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	•	,, 3
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	. • \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		,
а	Revenues included in Form 990, Part VIII, line 1	•	> \$
b	Assets included in Form 990, Part X		\$
	•	-	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

BUILDING OWNERS AND MANAGERS INSTITUTE

		TIONAL, IN								Page 2
Pai	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, e	or Oth	er Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	ıt are a s	ignificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research	€	, []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how ti	hey further t	he organızatı	on's exe	mpt purpo	ose in Parl	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection? .				Yes	No_
Pai	t IV Escrow and Custodial Arran	igements. Compl	ete if the	e organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table [.]						
									Amount	
С	Beginning balance						_1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	212					. \square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							···		
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions .									
С	Net investment earnings, gains, and losses					,				
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance			·						
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	lg, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporanly restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c short									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ind administe	red for t	he organiz	ation	_	
	by:									Yes No
	(i) unrelated organizations	•					•		3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	•							3b	
<u>4</u>	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn			1						
	Description of property	(a) Cost or o		1 ' '	or other	• •	ccumulate		(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation			
	Land									
	Buildings				4 05-					
	Leasehold improvements				4,075.		14,0			0.
	Equipment			64	7,400.		<u>569,9</u>	34.	<u>77</u>	,466.
е	Other			I T'TR	4.5334	١.	184.5	55 d		U.

Schedule D (Form 990) 2012

77,466.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2012 INTERNATIONAL Part VII Investments - Other Securities. See	AL, INC	.12	23-7070298 Page 3
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives	(2)	(0)	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
()			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Set	e Form 990, Part X, lin (b) Book value		Cost or end-of-year market value
	(b) Book value	(C) Method of Valuation	Cost of end-of-year market value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5) (6)		 	
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	15.		
<u> </u>	escription		(b) Book value
(1) INVESTMENT IN CURRICULUM			563,567.
(2) DEPOSITS			29,144.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.) .		> 592,711.
Part X Other Liabilities. See Form 990, Part X, III	ne 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		<u> </u>	
(2) DEFERRED RENT		594,264.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	594,264.	
Total, (Oblumin (D) must equal (Ohn 330, Falt A, Col. (B) line		JJ4,404 •	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

•		•	ROITDING (OWNERS AN	D MANAGER	KS IN	STITUTE			
		(Form 990) 2012	INTERNATIO				<u> </u>		7070298	Page 4
Par	t XI	Reconciliation of	Revenue per A	Audited Finan	cial Stateme	nts Wit	h Revenue p	er Return		
1	Total	revenue, gains, and othi	er support per audit	ed financial state	ments			. 1	4,391,	058.
2	Amou	nts included on line 1 b	ut not on Form 990,	Part VIII, line 12.						
а	Net u	nrealized gains on inves	tments			2a	-64,74	40.		
b	Donat	ed services and use of	acılıtıes			2b				
С	Recov	veries of prior year grant	s			2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add li	nes 2a through 2d						2e	-64,	740.
3	Subtra	act line 2e from line 1			_			3	4,455,	798.
4	Amou	nts included on Form 99	0, Part VIII, line 12,	but not on line 1:	:		-			
а	Invest	ment expenses not incl	uded on Form 990,	Part VIII, line 7b		4a				
b	Other	(Describe in Part XIII)				4b				
С	Add I	nes 4a and 4b						4c		0.
5	Total	revenue. Add lines 3 and	4c. (This must equ	ıal Form 990, Part	! I, line 12)			5	4,455,	
Par	t XII	Reconciliation of	Expenses per	Audited Final	ncial Stateme	ents Wi	ith Expenses	per Retu		
1	Total	expenses and losses pe	r audited financial s	statements				1	4,497,	389.
2	Amou	nts included on line 1 bi	ut not on Form 990,	Part IX, line 25	•		•			
а	Donat	ed services and use of t	acılıties			2a				
b	Prior y	ear adjustments				2b				
С	Other	losses				2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add lii	nes 2a through 2d						2e		0.
3	Subtra	act line 2e from line 1	•					3	4,497,	389.
4	Amou	nts included on Form 99	00, Part IX, line 25, t	out not on line 1						
а	Invest	ment expenses not incl	uded on Form 990,	Part VIII, line 7b		4a				
b	Other	(Describe in Part XIII)	•		•	4b				
С	Add III	nes 4a and 4b						4c		0.
		expenses Add lines 3 a		qual Form 990, Pa	rt I, line 18)		<u> </u>	5	4,497,	389.
Par	t XIII	Supplemental Inf	ormation		· · · · · · · · · · · · · · · · · · ·					
Comp	plete th	is part to provide the de	escriptions required	for Part II, lines 3	, 5, and 9; Part III	, lines 1a	and 4; Part IV, Iir	nes 1b and 2	b; Part V, line	4; Part
K, line	e 2, Pa	rt XI, lines 2d and 4b, ar	d Part XII, lines 2d	and 4b Also com	plete this part to i	provide a	iny additional info	ormation		
PAF	RT X	, LINE 2: FC	R THE YEAR	RS ENDED	JUNE 30,	2013	AND 2012	2, BOM	HAS	
DOC	CUME	NTED ITS CON	SIDERATION	N OF FASB	ASC 740-	10,	INCOME TA	AXES, T	ТАНТ	
PRC	DVID	ES GUIDANCE	FOR REPORT	FING UNCE	<u>RTAINTY 1</u>	N IN	COME TAXE	ES AND	HAS	
DET	ERM	INED THAT NO	MATERIAL	UNCERTAI	N TAX POS	SITIO	NS QUALII	FY FOR	EITHER	
REC	COGN	ITION OR DIS	CLOSURE IN	N THE FIN	ANCIAL ST	ATEM	ENTS.			
rut	यच प	DEDAT. PODM 0	an pemiro	T OF OPC'S	NT 7 N M T (N T	DVD)#	DO EDOM	T NTC/CNET	may ro	r
T 17.E	<u>. r.c.</u>	DERAL FORM 9	JU, KETURI	N OF ORGA	MITAMITON	CAEM	FI FKUM]	INCOME	TAX, IS	
SUE	BJEC	T TO EXAMINA	TION BY TH	HE INTERN	AL REVENT	JE SE	RVICE. GE	ENERALI	Y FOR	

Schedule D (Form 990) 2012

THREE YEARS AFTER IT IS FILED.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

2012

Open to Public Inspection

Name of the organization

BUILDING OWNERS AND MANAGERS INSTITUTE INTERNATIONAL, INC

Employer identification number 23-7070298

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3		Х
	SEE PART II			
4	Does the organization maintain the following?			Ì
a		4a		Х
b		4b		X
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	- 		
Ĭ	admissions, programs, and scholarships?	4c	х	İ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
_	If you answered "No" to any of the above, please explain. If you need more space, use Part II	74		
	SEE PART II			
5	Does the organization discriminate by race in any way with respect to.			
а		5a		X
b		5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
-	Athletic programs?	5g	 -	X
-	Other extracurncular activities?	5h		X
"	· · · · · · · · · · · · · · · · · · ·	311	-	┝ᢚ
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
_	Does the support of t			17
	Does the organization receive any financial aid or assistance from a governmental agency?	<u>6a</u>	<u> </u>	X
b	Has the organization's right to such aid ever been revoked or suspended?	<u>6b</u>		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			ł
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7_	<u> </u>	<u> </u>

BUILDING OWNERS AND MANAGERS INSTITUTE

<u>Schedule E (Form 990 or 990-EZ) (2012) INTERNATIONAL, INC</u> 23-7070298 Page 2
Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information
SCHEDULE E, LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
BOMI DOES NOT HAVE A PERIOD OF SOLICITATION OR PERIOD OF
REGISTRATION FOR STUDENTS AND, ACCORDINGLY, DOES NOT
PUBLICIZE ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH
NEWSPAPER OR BROADCAST MEDIA. HOWEVER, BOMI DOES PUBLICIZE
THE RACIALLY NONDISCRIMINATORY POLICY ON ITS WEBSITE, IN
BROCHURES AND CATALOGS, AND OTHER WRITTEN REGISTRATION RELATED
CORRESPONDENCE.
SCHEDULE E, LINE 4 - EXPLANATION OF RECORDS NON-MAINTENANCE:
BOMI INTERNATIONAL ACCEPTS ALL STUDENTS WHO ARE INTERESTED IN
TAKING COURSES, SO WE DO NOT REQUEST NOR MAINTAIN THAT
INFORMATION ON OUR STUDENT BODY. DURING FY2011, WE
ESTABLISHED THE J. BRADLEY SCHOLARSHIP FUND IN HONOR OF A
FORMER BOARD MEMBER. THE SCHOLARSHIP APPLICATIONS SPECIFICALLY STATE THAT
"ALL APPLICATIONS WILL BE EVALUATED IN AN OBJECTIVE AND NONDISCRIMINATORY
MANNER BY AN INDEPENDENT COMMITTEE OF EXPERIENCED MEMBERS OF THE
INDUSTRY." OUR COMPETENCY COMMITTEE SERVED AS THE REVIEW COMMITTEE AND
THEIR EVALUATION GRID HAD A SIMILAR NONDISCRIMINATORY STATEMENT REGARDING
THE EVALUATION PROCESS. THE SCHOLARSHIP RECIPIENTS WERE IDENTIFIED DURING
FY 2011, BUT NO SCHOLARSHIP FUNDS WERE USED UNTIL FY2012. DURING FY2012,
BOMI AWARDED TWO COURSE AWARDS AND ONE DESIGNATION PROGRAM.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions. BUILDING OWNERS AND MANAGERS INSTITUTE

INTERNATIONAL, INC

Employer identification number 23-7070298

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			i
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			,
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	3.00		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	} [
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study		-,	,
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			(
	organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			'
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a	:	X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
LHA		ule J (Forr	n 990) 2012

232111 12-10-12

BUILDING OWNERS AND MANAGERS INSTITUTE

INTERNATIONAL, INC

23-7070298 Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII.

Page 2

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Trtle		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)(D)	reported as deferred in prior Form 990
(1) JEFFREY A. HORN	ε	174,941.	0	0	0	8,570.	183,511.	0.
IDENT & CEO	: E		0.	0.		0.		0
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Schedule J (Form 990) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

BUILDING OWNERS AND MANAGERS INSTITUTE INTERNATIONAL, INC

Employer identification number 23-7070298

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PROPERTY AND FACILITIES MANAGEMENT. EMPLOYERS OF BOMI
INTERNATIONAL-EDUCATED PROPERTY AND FACILITY MANAGERS EXPERIENCE
SIGNIFICANT COST SAVINGS AND PRODUCTIVITY GAINS RESULTING IN IMPROVED
FINANCIAL RESULTS.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 WAS
PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CEO AND CFO. ONE OF
THE AUDIT COMMITTEE'S RESPONSIBILITIES PURSUANT TO THE BOARD MANUAL IS TO
REVIEW THE FORM 990. THE BOARD REVIEWED THE FINAL FORM BEFORE FILING WITH
THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: BOMI HAS A CONFLICT OF INTEREST
POLICY IN PLACE FOR BOARD MEMBERS AND LEADERSHIP TEAM MEMBERS THAT IS
UPDATED ON AN ANNUAL BASIS. THE POLICY IS REFERENCED IN OUR EMPLOYEE
HANDBOOK AND OUR BOARD OF TRUSTEES MANUAL. IF A POTENTIAL CONFLICT OF
INTEREST ARISES DURING THE YEAR, IT IS ADDRESSED BY THE PRESIDENT/CEO AND
THE EXECUTIVE COMMITTEE OF THE BOARD. IF THE SITUATION INVOLVED AN
EXECUTIVE COMMITTEE MEMBER, WE WOULD INVOLVE THE GOVERNANCE COMMITTEE
AND/OR THE ENTIRE BOARD.
FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT & CEO HAD A REVIEW IN
JANUARY 2009 AND JANUARY 2010 BY VYETTA SUNDERLAND, CHAIRMAN, AND THE

EXECUTIVE COMMITTEE (E.C.), BUT NO SALARY INCREASES WERE APPROVED DUE TO

ECONOMIC CONDITIONS. THERE WAS NO FORMAL WRITTEN REVIEW IN JANUARY 2011,

BUT THE COMPANY WENT THROUGH A RIGHT-SIZING AND LEADERSHIP TEAM PAY WAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

Employer identification number 23-7070298

DECREASED. FOR FY 2012, THERE WERE NO SALARY INCREASES, BUT, EFFECTIVE JULY 1, 2011, HALF OF THE LEADERSHIP TEAM PAY REDUCTION IMPLEMENTED IN JANUARY 2011 WAS REINSTATED THROUGH THE FY 2012 BUDGET PROCESS. AT THE DIRECTION OF THE E.C., THE REMAINING HALF OF THE LEADERSHIP TEAM PAY REDUCTION WAS REINSTATED AS OF OCTOBER 1, 2012. THERE WAS NO FORMAL WRITTEN REVIEW IN JANUARY 2012, BUT DOLORES BOCIAN, CHAIRMAN, CONDUCTED A REVIEW IN AUGUST 2012. THERE WAS NO FORMAL WRITTEN REVIEW IN JANUARY 2013.

IN THE FUTURE, THE PRESIDENT & CEO'S PERFORMANCE AND SALARY ADJUSTMENTS, IF

ANY, WILL BE COMPLETED BY THE E.C. BASED ON WHATEVER DATA IT FEELS IS

SUFFICIENT TO SUBSTANTIATE THE INCREASE. WHEN THE PRESIDENT & CEO WAS

HIRED, THE SALARY WAS DETERMINED BY THE E.C. IN CONJUNCTION WITH THE SEARCH

FIRM THAT KNEW THE MARKET AND, ACCORDINGLY, THE APPROPRIATE SALARY.

FOR THE LEADERSHIP TEAM, PERFORMANCE REVIEWS ARE COMPLETED ANNUALLY AND INCREASES ARE MADE ACCORDINGLY. THE PRESIDENT & CEO SIGNS OFF ON ALL LEADERSHIP TEAM INCREASES.

ON OCCASION, WE COMPLETE A SALARY REVIEW VIA AN EXTERNAL SOURCE TO COMPARE
OUR SALARIES TO OTHER NOT-FOR-PROFIT COMPANIES OF SIMILAR SIZE.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.