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Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

2013

Department of the Treasury
 Internal Revenue Service

▶ **Do not enter Social Security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 2013, and ending 2013

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 Form of organization: Corporation Trust Association Other

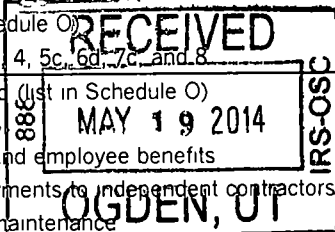
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 141,331.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	20,325.
3	Membership dues and assessments	3	48,039.
4	Investment income	4	90.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	b Gross income from fundraising events (not including \$ <u> </u> 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	71,522.
6c	c Less direct expenses from gaming and fundraising events	6c	36,386.
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	35,136.
7a	a Gross sales of inventory, less returns and allowances	7a	
7b	b Less cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O) <u>SEE SCHEDULE O</u>	8	1,355.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,945.
10	Grants and similar amounts paid (list in Schedule O)	10	5,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	23,966.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	132.
16	Other expenses (describe in Schedule O) <u>SEE SCHEDULE O</u>	16	71,892.
17	Total expenses. Add lines 10 through 16	17	100,990.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,955.
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	53,965.
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	57,920.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

SCANNED JUN 20 2014



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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	52,749.	57,005.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,216.	915.
25 Total assets	53,965.	57,920.
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)	53,965.	57,920.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **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 \$ 5,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	95,316.
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	95,316.

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
MARGE ALMOND PRESIDENT	5	0.	0.	0.
CATHY GALLAND DIRECTOR	1	0.	0.	0.
DALIDA SILVERMAN VICE PRESIDENT	3	0.	0.	0.
BETTY RADER TREASURER	3	0.	0.	0.
LINDSAY PHILLIPS SECRETARY	3	0.	0.	0.
SHERRY BROOKS DIRECTOR	1	0.	0.	0.
GARRY JALOWKA DIRECTOR	1	0.	0.	0.
LINDA MASON 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
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
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	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37 a"/> 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38 b"/> N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 <input type="text" value="39 a"/> N/A		
b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39 b"/> N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="N/A"/> , section 4912 <input type="text" value="N/A"/> , section 4955 <input type="text" value="N/A"/>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="text" value="NONE"/>		

42 a The organization's books are in care of Telephone no
 Located at ZIP + 4

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. <input type="text"/>		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <input type="text"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

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 N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
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)		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		
49a		
49b		

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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: *Margaret A. Almond* Date: 15-14-14
 Type or print name and title: MARGARET A. ALMOND PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: JEFFREY A. LITKA, CPA
 Preparer's signature: *J Litka* Date: 5/12/14
 Firm's name: LITKA, ROCHETTE & COMPANY
 Firm's address: P.O. BOX 210 RUNNING SPRINGS, CA 92382-0210
 Check if self-employed PTIN: P00948880
 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMEN (event type)	WINE EXCURSION (event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	66,062.	5,460.	71,522.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	66,062.	5,460.	71,522.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes	1,464.		1,464.
	6	Rent/facility costs	21,490.		21,490.
	7	Food and beverages	2,239.	3,097.	5,336.
	8	Entertainment	450.		450.
	9	Other direct expenses	6,316.	1,330.	7,646.
	10	Direct expense summary Add lines 4 through 9 in column (d)			36,386.
	11	Net income summary Subtract line 10 from line 3, column (d)			35,136.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

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

b If 'Yes,' explain _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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	\$	1,300.
MISCELLANEOUS		55.
TOTAL	\$	<u>1,355.</u>

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

ADVERTISING AND PROMOTION	\$	534.
AWARDS		901.
CONFERENCES, CONVENTIONS, AND MEETINGS		13,728.
DEPRECIATION		301.
DUES AND SUBSCRIPTIONS		28,833.
INSURANCE		1,387.
LUNCHEON EXPENSES		19,677.
MERCHANT FEES		1,969.
MILEAGE REIMBURSEMENTS		1,143.
MISCELLANEOUS EXPENSES		866.
OFFICE EXPENSES		799.
TAXES		10.
TELEPHONE		1,744.
TOTAL	\$	<u>71,892.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 1,216.	\$ 915.
TOTAL	<u>\$ 1,216.</u>	<u>\$ 915.</u>