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

OMB No 1545-0047

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 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning JUL 1, 2013 and endir	ng JUN	30, 2014	
В	Check if	C Name of organization	D	Employer identific	ation number
а	pplicable	BUILDING OWNERS AND MANAGERS INSTITUTE			
	_Addres _change	INTERNATIONAL, INC.			
	Name _change	Doing Business As		23-70	70298
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	n/suite <b>E</b>	Telephone number	
	Termin-			(410)	974-1410
	Amend return			Gross receipts \$	4,857,788.
	Application	ANNAPOLIS, MD 21401	H(a	a) Is this a group re	
	pendin	F Name and address of principal officer JEFFREY A. HORN		for subordinates	
_		SAME AS C ABOVE	H(t	) Are all subordinates inc	
1 7	Гах-ехе	mpt status X 501(c)(3) 501(c)( )	527	-	ist (see instructions)
		e: ► WWW.BOMI.ORG		c) Group exemption	•
					State of legal domicile: PA
		Summary			
-0	1 8	Briefly describe the organization's mission or most significant activities SEE PAR	T III	, LINE 1.	
nance		, , , , , , , , , , , , , , , , , , , ,			
E a	2	Check this box   if the organization discontinued its operations or disposed of	f more that	n 25% of its net as:	sets
		Number of voting members of the governing body (Part VI, line 1a)		3	12
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
ತ್ಯಾ		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	36
₹‰		Fotal number of volunteers (estimate if necessary)		6	12
FEB % 5		Total unrelated business revenue from Part VIII-continue (C)-line 12		7a	0.
<b>1</b>	h	Net unrelated business taxable income from Form 990 Turne 3		7b	0.
				Prior Year	Current Year
<b>兴</b>	8 (	Contributions and grants (Part VIII, line 1h)	<u> </u>	50.	245.
2	9 F	Program service revenue (Part VIII, line 2g)	4	,335,112.	4,706,542.
€03	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		105,815.	6,054.
SECAMINED	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, and 1e)		14,821.	19,690.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,455,798.	4,732,531.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<del>                                     </del>	0.	$\frac{1,732,331}{0}$
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2	,541,900.	2,499,916.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber		Fotal fundraising expenses (Part IX, column (D), line 25)			
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,955,489.	2,110,552.
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		,497,389.	4,610,468.
		Revenue less expenses Subtract line 18 from line 12		-41,591.	122,063.
or es	19 1	Nevenue less expenses Subtract line 10 from line 12	Posinni		
Net Assets or Fund Balances	20 1	Fotal assets (Part X, line 16)		ing of Current Year	End of Year
Ass. Bal	20	,	1	,079,879. ,547,932.	2,342,325.
Set,	21 7	Total liabilities (Part X, line 26)	<b>├</b> ── <u></u>		1,676,233.
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		531,947.	666,092.
		ties of perjury, I declare that I have camined this return, including accompanying schedules and	-1-1		la sudada a sadada da d
					knowledge and belief, it is
nue,	, correct	, and complete. Declaration of preparel (other than officer) is based on all information of which pr	reparer nas a	any knowledge	
_		Signature of Otice		Date	18
Sıgı	1			Date )	
Her	е	JEFFREY A. HORN, PRESIDENT & CEO  Type or print name and title	·	<del></del>	
			Date	Chask	T) DTIN
	ľ	Print/Type preparer's name  Preparer's affinature  Preparer's affinature  Preparer's affinature  Preparer's affinature  Preparer's affinature	I	, );- Check L	- D"00211995
Paid	- F		1-1	2-/5 Il self-employed	
	- F	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N			
		BETHESDA, MD 20814-2930		Phone no. ( 3 (	
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
3320	01 10-29	LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2013)

OFFERINGS ARE LEADING-EDGE AND ADVANCE THE PROFESSION; OUR COURSE AND EXAM MATERIALS ARE STATE-OF-THE-ART. WE CURRENTLY OFFER 20 COURSES EITHER IN-CLASS, ON-LINE, OR IN A SELF-STUDY FORMAT WHICH CAN LEAD TO A BOMI INTERNATIONAL PROFESSIONAL DESIGNATION: RPA, FMA, SMA, SYSTEMS MAINTENANCE TECHNICIAN (SMT). BOMI INTERNATIONAL ALSO OFFERS CERTIFICATES IN SPECIALIZED AREAS OFPROPERTY AND FACILITIES MANAGEMENT. BOMI INTERNATIONAL EDUCATED PROFESSIONALS MEET RIGOROUS PROFESSIONAL STANDARDS AND CAN IMMEDIATELY APPLY THEIR COURSEWORK KNOWLEDGE TO BUILD A MORE ROBUST CAREER IN PROPERTY AND FACILITIES MANAGEMENT.

4d	Other program	services	(Describe i	n Schedule (	O)

(Expenses \$ including grants of \$

) (Revenue \$

e Total program service expenses

3,241,666.

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Form 990 (2013)

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	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	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	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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,		v	
l.	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		- 72
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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	110		
ŭ	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	<u> </u>
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	17	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	- v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a		20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2013)
		COLL	ווכנ	1/111.51

Pa	rt IV Checklist of Required Schedules (continued)			1
0.4	Did the average to proper move that OF 000 of average and the second area of a second as a second area.		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	21	<u> </u>	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		- 22
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		X
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	<u></u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	<u> </u>	X
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> </u>	X
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	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,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del>                                     </del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ <b>.</b>
0.4	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24	}	_ v
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<del> </del>	- 22
00	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	- 55	<u> </u>	
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	300		
_	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		T	

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Note. All Form 990 filers are required to complete Schedule O

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 54 1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 36 filed for the calendar year ending with or within the year covered by this return 22 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b **4**a 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5<u>c</u> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/Aorganization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 N/A a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter N/A 10a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 N/A Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

Form 990 (2013)

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

# BUILDING OWNERS AND MANAGERS INSTITUTE

Form 990 (2013) INTERNATIONAL, INC.

23-7070298

Page 6

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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	··-	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	İ		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	1.
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 arrangement with 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed MD	.ve.l-!-	lo.	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. X Upon request. Other (explain in Schedule O)			
40		d fuere	oue!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	ı ıınar	icial	
20	statements available to the public during the tax year.  State the page, physical address, and telephone number of the person who possesses the books and records of the organization.	100 -		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $JEFFREY\ A.\ HORN\ -\ 410-974-1410$	IOII 🏓		
	ONE PARK PLACE, NO. 475, ANNAPOLIS, MD 21401			
	OME LANK LUNCE, NO. 4/3, AMARICHIO, PD 21401			

332006 10-29-13

Form **990** (2013)

INTERNATIONAL. INC.

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line 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
- 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

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

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

Compensation from the organizations (W-2/1099-MISC)   Compensation from the organizations (W-2/1099-MISC)   Compensation from the organizations (W-2/1099-MISC)	(A) Name and Title	(B) Average hours per	box	not c unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Chairman Of Board		hours for related organizations below line)	-				ļ		organization	•	from the organization and related
Carrel	(1) GREG GRAINGER	2.00									
MMEDIATE FORMER CHAIRMAN	CHAIRMAN OF BOARD		X		X				0.	0.	0.
Carrada	(2) VYETTA SUNDERLAND	1.00									
VICE CHAIRMAN	IMMEDIATE FORMER CHAIRMAN		X		X		ļ		0.	0.	0.
(4) DAVE FAGONE	(3) JEAN SAYLES JACOBSON	2.00									
VICE CHAIR-ELECT	VICE CHAIRMAN		X		X				0.	0.	0.
SECRETARY/TREASURER	(4) DAVE FAGONE	2.00									
SECRETARY/TREASURER	VICE CHAIR-ELECT		X	_	X	L	<u> </u>		0.	0.	0.
1.00	(5) HOWARD ARNDT	2.00		ļ							
TRUSTEE	SECRETARY/TREASURER		X		X				0.	0.	0.
TRUSTEE	(6) MIKE DAY	1.00									
TRUSTEE	TRUSTEE		X	ļ					0.	0.	0.
TRUSTEE	(7) LAURIE ELL	1.00									
TRUSTEE	TRUSTEE	<u></u>	X						0.	0.	0.
TRUSTEE	(8) LESLEY HEIEIS	1.00									
TRUSTEE	TRUSTEE		X	_			ـــــ	_	0.	0.	0.
TRUSTEE	(9) JACQUELINE PARKS	1.00	ļ				1				
TRUSTEE	TRUSTEE		X						0.	0.	0,
(11) TYLER WHITE       1.00         TRUSTEE       X         (12) SARAH WRIGHT       1.00         TRUSTEE       X         (13) JEFFREY A. HORN       40.00         PRESIDENT & CEO       X         (14) AMY MCMONIGLE       40.00         VP OF STUDENT & GRADUATE SERVICES       X         (15) HOLLY BENTLEY       40.00	(10) DAVE POGUE	1.00			Ì				_	_	
TRUSTEE X 0. 0. 0  (12) SARAH WRIGHT 1.00  TRUSTEE X 0. 0. 0  (13) JEFFREY A. HORN 40.00  PRESIDENT & CEO X 183,425. 0. 29,520  (14) AMY MCMONIGLE 40.00  VP OF STUDENT & GRADUATE SERVICES X 112,933. 0. 8,344  (15) HOLLY BENTLEY 40.00	TRUSTEE		X				<u> </u>		0.	0.	0.
(12) SARAH WRIGHT TRUSTEE  X  0. 0. 0  (13) JEFFREY A. HORN PRESIDENT & CEO  (14) AMY MCMONIGLE VP OF STUDENT & GRADUATE SERVICES  (15) HOLLY BENTLEY  X  0. 0. 0  29,520  X  112,933. 0. 8,344	(11) TYLER WHITE	1.00			İ				_	_	
TRUSTEE X 0. 0. 0  (13) JEFFREY A. HORN 40.00  PRESIDENT & CEO X 183,425. 0. 29,520  (14) AMY MCMONIGLE 40.00  VP OF STUDENT & GRADUATE SERVICES X 112,933. 0. 8,344  (15) HOLLY BENTLEY 40.00	TRUSTEE		X	ļ			ļ	<u> </u>	0.	0.	0.
(13) JEFFREY A. HORN  PRESIDENT & CEO  (14) AMY MCMONIGLE  VP OF STUDENT & GRADUATE SERVICES  (15) HOLLY BENTLEY  40.00  X 183,425.  0. 29,520  X 112,933.  0. 8,344	(12) SARAH WRIGHT	1.00	1						_	_	
PRESIDENT & CEO	TRUSTEE		X	_		<u> </u>	<u> </u>		0.	0.	0.
(14) AMY MCMONIGLE  VP OF STUDENT & GRADUATE SERVICES  (15) HOLLY BENTLEY  40.00  X 112,933.  0. 8,344	(13) JEFFREY A. HORN	40.00	ļ			1	ļ			_	
VP OF STUDENT & GRADUATE SERVICES X 112,933. 0. 8,344  (15) HOLLY BENTLEY 40.00	PRESIDENT & CEO		<u> </u>		X				183,425.	0.	29,520.
(15) HOLLY BENTLEY 40.00	(14) AMY MCMONIGLE	40.00								_	
	VP OF STUDENT & GRADUATE SERVICES	1000	<u> </u>	_		<u> </u>	X		112,933.	0.	8,344.
SR. DIR. OF LEARNING & DIR. OF EDU. X 114,694. 0. 7,220	•	40.00	1			[			44460		<b>.</b>
	SR. DIR. OF LEARNING & DIR. OF EDU.	<u> </u>	├	-			X		114,694.	0.	7,220.
			┨				ł				
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			ł			-					

Form 990 (2013)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hı	ghe	st C	ompensated Employees (co	ntınued)			
	(A)	(B)				C)			(D)	(E)	(F)		
	Name and title	Average			Pos				Reportable I	Reportable	Es	tımate	d
		urs per (do not check more than box, unless person is bo						1 ' 1	mpensation		ount o		
	week officer and a director/trustee) from from related								•		other		
		(list any	횽						the o	rganizations	com	pensa	tion
		hours for	를				a		organization (W-	2/1099·MISC)	fr	om the	Э
		related	te	ustee			ensat		(W-2/1099-MISC)		org	anızatı	on
		organizations	tra:	nal tr		oyee	Ę,				and	d relate	ed
		below	Individual trustee or director	nstitutional trustee	5	Key employee	Highest compensated employee	힐			orga	ınızatı	ons
		line)	횰	ısı	Officer	Ke.	E E	Former					
							ŀ						
							<u> </u>						
			_			<u> </u>	ļ						
						-	<u> </u>						
				<del> </del>	_		<u> </u>						
			1										
						<u> </u>							
			1										
						<u> </u>				-			
			1							1			
						1							
1b	Sub-total							<b></b>	411,052.	0.	4	5,0	84.
С	Total from continuation sheets to Part V	I, Section A						<b>&gt;</b>	0.	0.			0.
d	Total (add lines 1b and 1c)							<b></b>	411,052.	0.	4	5,0	<u>84.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100,000	of reportable			
	compensation from the organization												<u>3</u>
												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	mplo	oyee	, or	highest compensated employ	ee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		<u> </u>
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from the or	ganızatıon			
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J f	for such individual		4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	elat	ed organization or individual f	or services			
	rendered to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pen	son				5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	hat received more than \$100,	,000 of compens	ation f	rom	

the organization Report compensation for the calendar year ending with or within the organization's tax year

· (A) Name and business address	(B) Description of services	(C) Compensation
PEARSON VUE	COMPUTER-BASED	
5601 GREEN VALLEY DR, BLOOMINGTON, MN 55437	TESTING	356,003.
VIATECH PUBLISHING SOLUTIONS	PRINTING &	
PO BOX 503433, SAINT LOUIS, MO 63150	FULFILLMENT	279,479.
ICF, INC LLC	CONSULTANT/CURRICULU	
9300 LEE HIGHWAY, FAIRFAX, VA 22031	M HP PROJECT	189,264.
ANN GODMERE, 33 S. GULFSTREAM AVE #603,	CONSULTANT/ PROJECT	
SARASOTA, FL 34236	MGMT.	107,014.
RELIANCE NETWORK SOLUTIONS, 2431 SOLOMONS	CONSULTANT/I.T.	-
ISLAND ROAD, ANNAPOLIS, MD 21401	SUPPORT	106,061.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 5		

Form **990** (2013)

332008 10-29-13

23-7070298 INTERNATIONAL, Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1<u>c</u> d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 245 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 245 Total. Add lines 1a-1f Business Code 815,527.2, 815,527 611600 2 a COURSE FEES Program Service Revenue 611600 736,594 736,594 b CANADIAN FEES 611600 623,741 623,741 TUITION FEES 611600 199,580. 199,580. d PROFESSIONAL DEV.FEES 611600 190,935. 190,935. e ENROLLMENT FEES 611600 140,165 140,165 f All other program service revenue 706,542 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,311. 6,311 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ı) Securities (II) Other 7 a Gross amount from sales of 125,000 assets other than inventory b Less cost or other basis and sales expenses 125,257 -257 c Gain or (loss) -257.-257. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 19,690. 11 a MISCELLANEOUS 19,690 d All other revenue

19,690.

732,531

e Total. Add lines 11a-11d

Total revenue See instructions

,706,542

0.

25,744

Form 990 (2013)

23-7070298 Page 10

Dο	Check if Schedule O contains a response not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	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,	001 (52		201 652	
_	trustees, and key employees	221,653.		221,653.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,828,687.	1,532,042.	296,645.	
7	Other salaries and wages Pension plan accruals and contributions (include	1,040,00/.	1,532,042.	290,043.	
8	· · · · · · · · · · · · · · · · · · ·	69,613.	55,850.	13,763.	
9	section 401(k) and 403(b) employer contributions)  Other employee benefits	204,112.	173,452.	30,660.	<del></del>
10	Payroll taxes	175,851.	137,253.	38,598.	
11	Fees for services (non employees)	1/3/031.	131,233.	30,330.	
''a	Management				
b	Legal	8,943.	679.	8,264.	<del></del>
c	Accounting	27,451.	<u></u>	27,451.	
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 O.)	651,271.	436,846.	214,425.	
12	Advertising and promotion	81,912.	81,869.	43.	
13	Office expenses	135,930.	90,085.	45,845.	
14	Information technology	96,250.	96,250.		
15	Royalties				
16	Occupancy	284,446.		284,446.	
17	Travel	196,619.	149,939.	46,680.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		<del> </del>		
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to aπiliates  Depreciation, depletion, and amortization	138,145.	105,923.	32,222.	
22 23	Insurance	5,152.	103,343.	5,152.	
23 24	Other expenses. Itemize expenses not covered	J, 1J4 •		3,134.	-
<b>-</b> →	above (List miscellaneous 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 ().)				
а	COURSE MATER./USER FEES	282,880.	282,880.		
b	BANK/CREDIT CARD FEES	56,130.		56,130.	- · ·
С	AWARD SUPPLIES	34,435.	34,435.		
d	DP/EQUIPMENT CONTRACTS	33,045.	764.	32,281.	
е	All other expenses	77,943.	63,399.	14,544.	
25	Total functional expenses Add lines 1 through 24e	4,610,468.	3,241,666.	1,368,802.	0
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year	i	<b>(B)</b> End of year
	1	Cash · non-interest-bearing	160,799.	1	351,945.
	2	Savings and temporary cash investments	520,251.	2	177,359.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	403,894.	4	388,513.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L.		5	
	6	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			
ţ	İ	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use	25,032.	8	16,733.
	9	Prepaid expenses and deferred charges	50,552.	9	80,549.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,899,354.			
	b	Less accumulated depreciation 10b 1,800,764.	77,466.	10c	98,590.
	11	Investments · publicly traded securities	249,174.	_11	482,200.
	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	592,711.	_15	746,436.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,079,879.	16	2,342,325.
	17	Accounts payable and accrued expenses	777,858.	17	815,763.
	18	Grants payable		18	
	19	Deferred revenue	175,810.	19	156,942.
	20	Tax-exempt bond liabilities		20	· · · · -
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			:
Ħ	ŀ	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24_	<u> </u>
	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	EQ4 264	0.5	702 520
	00	Schedule D  Total liabilities, Add lines 17 through 25	594,264. 1,547,932.	25	703,528. 1,676,233.
	26	Organizations that follow SFAS 117 (ASC 958), check here X and	1,541,554.	26	1,010,233.
m		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	531,947.	27	666,092.
alar	28	Temporarily restricted net assets	331,341.	28	000,032.
Ä	29	Permanently restricted net assets		29	
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here			
F		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ť A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	531,947.	33	666,092.
	34	Total liabilities and net assets/fund balances	2,079,879.	34	2,342,325.
				-	Form <b>990</b> (2013)

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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Form 990 (2013)

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Act and OMB Circular A-133?

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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.

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

2013

Open to Public Inspection

Employer identification number Name of the organization BUILDING OWNERS AND MANAGERS INSTITUTE INTERNATIONAL, INC 23-7070298 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c \_\_\_\_ Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the supported organization(s) (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (1) listed in your organization in col. (described on lines 1-9 support organization governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021

#### BUILDING OWNERS AND MANAGERS INSTITUTE

Schedule A (Form 990 or 990 EZ) 2013 INTERNATIONAL, INC.

23-7070298 Page 2

Pa	(Complete only if you checke	_					
	fails to qualify under the tests				ion railed to qualify	anderraitm nuit	, organization
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions				ļ		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,				1		
	column (f)	<u></u>					
	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>			
Sec	ction B. Total Support	T					r
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10		1	1			<u> </u>
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is fo	•	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	<u> </u>
Sec	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2013 (			column (fl)		14	(
15	Public support percentage from 2012			COIGITIT (17)		15	(
	33 1/3% support test - 2013. If the	•	•	on line 13, and line	- 14 is 33 1/3% or	L	
100	stop here. The organization qualifies	•			0 14 10 00 17070 01	more, encore and be	▶ □
Ь	33 1/3% support test - 2012. If the		_		nd line 15 is 33 1/3	% or more, check th	nis box
N	and stop here. The organization qual	•			.20 .0 .0 .0 .0	, , , , , , , , , , , , , , , , , , ,	<b>▶</b>
172	10% -facts-and-circumstances tes	· -			ne 13, 16a. or 16b	. and line 14 is 10%	or more.
	and if the organization meets the "fac	_	-				
	meets the "facts-and-circumstances"			•	•		<b>▶</b> □
b	10% -facts-and-circumstances tes	t - <b>2012.</b> If the orc	ganization did not	check a box on li	ne 13, 16a, 16b, o	r 17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	umstances" test. o	heck this box and	d stop here. Expla	in in Part IV how the	a .

Schedule A (Form 990 or 990-EZ) 2013

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Suppo	rt 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	iow, picase com	picte rait ii j				
Calendar year (or fiscal year beginning ın) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,		<del> </del>	<del></del>	<del></del>		
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
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			1		•	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		+		<u> </u>		<del> </del>
6 Total. Add lines 1 through 5				-	ļ	-
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons						
<b>b</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						
<del> -</del>			-			
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>		<u></u>	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		1	1 1 2011	1	1	
Calendar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						ļ
10a Gross income from interest,				ļ		
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</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						ĺ
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	the organization	's first, second, thii	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here	J J. garnzanon	o., oooona, am	_,, or mare	, 5 40 4 50011	oo . (o)(o) organiz	
Section C. Computation of Public	Support Pe	ercentage	<del>-</del> -		· · · · · · · · · · · · · · · · · · ·	
			nolumn (A)		15	
15 Public support percentage for 2013 (lin	. , ,	•	column (I))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Invest				<u></u>	<del></del>	
17 Investment income percentage for 201	3 (line 10c, colu	mn (f) dıvıded by lıı	ne 13, column (f))		17	%
18 Investment income percentage from 20	<b>012</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the c	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2012. If the c	•	•		•		and
line 18 is not more than 33 1/3%, chec	-				•	
		-			-	
20 Private foundation. If the organization	ию пот спеск а	DOX OF THE 14, 19	a, or 190, cneck t	•		
332022 00 25 12				Sc	hedule A (Form 99	11 or 000-F71 201

	(favor 000 av 000 F7) 0012				MANAGERS	INSTITUTE	22 7070200 D
Part IV	(Form 990 or 990-EZ) 2013	INTERNATI	LONAL,	INC.	-	10.0	23-7070298 Page 4
raitiv	Supplemental Inform	nation. Provide	the explanate	ons requ	ired by Part II, line	10, Part II, line 1/a o	r 17b, and Part III, line 12
	Also complete this part for	any additional inf	ormation (Se	e instruc	tions)		
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# 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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BUILDING OWNERS AND MANAGERS INSTITUTE TNTERNATIONAL

Employer identification number 7070298

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		to the complete in the
		(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	L	funde
3	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
О	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or donor advisor, or for any other purpose con	
Pa		ranization answered "Ves" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		iv, mie i
'	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Freservation of a certified	mistoric structure
2	Complete lines 2a through 2d if the organization held a quality	find consequence contribution in the form of a	concentation agreement on the last
2		ned conservation contribution in the form of a	Conservation easement on the last
	day of the tax year		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 str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	20
u	listed in the National Register	arter 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the ord	<u> </u>
•	year	readed, extinguished, or terminated by the org	ganization 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		
Ŭ	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	<del>-</del>	- · — — —
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 conservati	on easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er 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 statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

	, · BUILDING	OWNERS A	ND M	ANAGER	S INST	ITUTI	<b>3</b>				
Sche	dule D (Form 990) 2013 INTERNAT	_						23-70	7029	<b>8</b> Pa	age 2
Par			rt, His	torical Tr	easures,	or Othe	er Simila	r Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	, and other record	ls, chec	k any of the	following tha	at are a si	gnificant u	se of its	collectio	n item	s
	(check all that apply)										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	he organizat	ion's exe	mpt purpo	se in Par	t XIII		
5	During the year, did the organization solicit or re	eceive donations	of art, hi	storical trea	sures, or oth	er sımılaı	assets				
	to be sold to raise funds rather than to be main	tained as part of t	the orga	nization's co	ollection?				Yes_		<u>No</u>
Par	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990,	Part IV,	ıne 9, or		
	reported an amount on Form 990, Part >	K, line 21									
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other as	ssets not	ıncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing	table							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		<u> </u>		٦
2a	Did the organization include an amount on Form	n 990, Part X, line	21?					<u> </u>	_ Yes		No
	If "Yes," explain the arrangement in Part XIII C										
Pai	t V Endowment Funds. Complete if the	ne organization ar	swered	"Yes" to Fo		1			ı .		
		(a) Current year	(b) F	rior year	(c) Two yea	irs back	(d) Three y	ears back	<b>(e)</b> Fou	r years	back
<b>1</b> a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities					į					
	and programs										
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·	<u> </u>								
g	End of year balance		<u> </u>		L						
2	Provide the estimated percentage of the currer	nt year end baland		g, column (a	a)) held as						
a	Board designated or quasi-endowment		_%								
þ	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should	•	_4 41-	_			<b> </b>				
За	Are there endowment funds not in the possess	sion of the organiz	ation tri	at are neid a	ina aaministi	erea for t	ne organiz	ation		V	Al-
	by								2=(1)	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	atad as required a	an Caba	dula D2					3a(iı) 3b		
	If "Yes" to 3a(ii), are the related organizations li	•							30		
Pai	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipme		owment	iunas							
rai	Complete if the organization answered		) Dart IV	/ line 11a S	lee Form OO	) Part Y	line 10				
				1	or other	1	ccumulate	d T	(d) Boo	lk valu	
	Description of property	(a) Cost or of basis (investi		, , ,	(other)	1 ' '	ocumulate preciation	٦	(u) Boo	n valu	G
	Land	240.0 (1117031)		2000	1						
	Land Buildings			<del> </del>					-		
D	Dununga			l		<b>.</b>					

Schedule D (Form 990) 2013

98,590.

98,590.

0.

14,075.

602,156.

14,075.

700,746.

184,533.

c Leasehold improvements

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

d Equipment

			· · · · · · · · · · · · · · · · · · ·	
TN	ואים	ΝΑͲΤ	ONAT.	TNC

chedule D <u>(Form 990) 2013                                    </u>	INTERNATIONAL,	II
2 ( VIII Investments	Othor Commit	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	<del> </del>		
(B)			
(C)			
(D)			
(E)	<del></del>		
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	( <b>b)</b> Book value	(c) Method of valuation Cost	or end-of-vear market value
	(2) 2000 0000	(0)	
(1)			
(2)		<del> </del>	
(3)			
(4)	<u> </u>		
(5)			<del></del>
(6)	<u>.</u>	<b>-</b>	
(7)			
(8)			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(9)  Total (Col. (b) must equal Form 990, Part X, col. (B) line 13 )			
Complete if the organization answered "Yes" to (a) [  (1) INVESTMENT IN CURRICULUM	to Form 990, Part IV, line Description	11d See Form 990, Part X, line 15	(b) Book value 717, 292.
(2) THE PASTITE			
(2) DEPOSITS			
(3)			
(3) (4)			
(3) (4) (5)			29,144.
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	.15)		29,144.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.		11e or 11f See Form 990, Part X, li	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Properties of liability.		11e or 11f See Form 990, Part X, li (b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" 1. (a) Description of liability			29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) lines  Part X Other Liabilities.  Complete if the organization answered "Yes" to the complete if the organization of liability  (1) Federal income taxes		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" to the disconnection of liability (1) Federal income taxes (2) DEFERRED RENT			29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" for the organization of liability (1) Federal income taxes (2) DEFERRED RENT (3)		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" in the organization of liability  (1) Federal income taxes (2) DEFERRED RENT (3) (4)		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" in the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" for the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the imag		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" to the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image		(b) Book value	29,144. ▶ 746,436.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" if  1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	to Form 990, Part IV, line	(b) Book value	29,144. ▶ 746,436.

332053 09-25-13

Schedule D (Form 990) 2013

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,

PART X, LINE 2:

EXPLANATION: FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, BOMI HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

	,	BUILDING	OWNERS	AND	MANAGERS	INSTITUTE	23-7070298	Dago E
Part XIII	O (Form 990) 2013  Supplemental Info	rmation (continue	ed)	1110.			<u> </u>	age 5
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							Schedule D (Form 99	90) 2013

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#### 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.

2013

Open to Public Inspection

Name of the organization

BUILDING OWNERS AND MANAGERS INSTITUTE INTERNATIONAL, INC.

Employer identification number 23-7070298

Par	t I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			l
	other governing instrument, or in a resolution of its governing body?	1	X	Ь—
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	ļ		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			1
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3		x
	If you need more space, use Part II SEE PART II	3		
	DEE FART II			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		X
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	ļ	X
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	<b>├</b> ──
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
	SEE PART II			
			ļ	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b	ļ	X
С	Employment of faculty or administrative staff?	5c	ļ.—	X
d	Scholarships or other financial assistance?	5d	<u> </u>	X
	Educational policies?	5e		X
	Use of facilities?	5f	<del> </del>	X
_	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II		1	
		ĺ		
6.	Does the organization receive any financial aid or assistance from a governmental agency?	6a		х
6a	Has the organization's right to such aid ever been revoked or suspended?	6b	<del> </del>	X
O	If you answered "Yes" to either line 6a or line 6b, explain on Part II	30	<del>                                     </del>	<del>  **</del>
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
′	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	
	They i too 70 do, 1070 2 0 B dof, covering radial horidocraftication. If 140, explain on that if		,	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) (2013)

Part II Supplemental Information. 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

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

EXPLANATION: 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.

LINE 4 - EXPLANATION OF RECORDS NON-MAINTENANCE:

EXPLANATION: 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 STATED

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

ARE SELECTED BUT NO SCHOLARSHIP FUNDS ARE DISTRIBUTED UNTIL THE FOLLOWING

FISCAL YEAR. BOMI INTERNATIONAL AWARDED THE FOLLOWING QUANTITY AND TYPES

OF SCHOLARSHIPS:

FY2012: DESIGNATION SCHOLARSHIP - 1; COURSE SCHOLARSHIP - 2

FY2013: DESIGNATION SCHOLARSHIP - 1

FY2014: DESIGNATION SCHOLARSHIP - 1

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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	1		
	First-class or charter travel - Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	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			
	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 directors,			1
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		1		
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			ĺ
	establish compensation of the CEO/Executive Director, but explain in Part III	Ì		ĺ
	Compensation committee Written employment contract			
	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	1		l
а	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 posting 504/2/00 and 504/2/40 amonimations are stated lines 5.0			
_	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	E		v
a	The organization?	5a 5b		X
Ø	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III	36		
_				1
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	6.		v
a	The organization?	6a		X
D	Any related organization?	6b		
_	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	_		- v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	19	ı	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

BUILDING OWNERS AND MANAGERS INSTITUTE

INTERNATIONAL, INC.

Schedule J (Form 990) 2013

23-7070298

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

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) Do not list any individuals that are not listed on Form 990, Part VII

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	(F) Compensation
		<u></u>		-	other deferred		(D)·(I)(B)	
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	compensation			in prior Form 990
(1) JEFFREY A. HORN	Ξ	183,425.	0	0	11,416.	18,104.	212,945.	0.
SIDENT & CEO	(ii)		0.	0.	0	0.	0	
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Schedule J (Form 990) 2013

# BUILDING OWNERS AND MANAGERS INSTITUTE

Page 3

23-7070298

BOILDING OWNERS AND MANAGERS I INTERNATIONAL, INC.

Schedule J (Form 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III Supplemental Information

				:					
						= ===			

Schedule J (Form 990) 2013

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# 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 OMB No 1545-0047 Onen to Public

Inspection

BUILDING OWNERS AND MANAGERS INSTITUTE Name of the organization INTERNATIONAL, INC.

Employer identification number 23-7070298

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: 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 INVOLVES AN EXECUTIVE COMMITTEE MEMBER, WE INVOLVE THE GOVERNANCE COMMITTEE AND/OR THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE EXECUTIVE COMMITTEE (EC) OF THE BOARD OF TRUSTEES MEETS WITH THE PRESIDENT AND CEO AT LEAST MONTHLY AND FOLLOWING EACH MEETING, THE EC MEETS IN CLOSED SESSION. AT LEAST ONCE ANNUALLY, THE EC REVIEWS THE PERFORMANCE OF THE CEO AND THE ORGANIZATION. THIS MEETING GENERALLY TAKES PLACES DURING BUDGET DISCUSSIONS. AT THAT MEETING, THE EC DETERMINES THE SALARY LEVEL OF THE CEO FOR THE COMING YEAR.

BONUS POOL WAS CREATED FOR FY 2014 AT THE DIRECTION OF THE EC BASED ON INDIVIDUAL CONTRIBUTION. BONUSES WERE NOT AWARDED UNLESS THERE WERE

SUFFICIENT FUNDS AVAILABLE AND THAT THE STRATEGIC GOALS OF THE ORGANIZATION Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990 EZ) (2013)	Page 2
Name of the organization BUILDING OWNERS AND MANAGERS INSTITUTE INTERNATIONAL, INC.	Employer identification number 23-7070298
WERE MET.	
THE PRESIDENT & CEO'S SALARY LEVEL IS DETERMINED BY THE E	C, BASED ON
WHATEVER DATA IT FEELS IS SUFFICIENT TO SUBSTANTIATE IT.	THIS MAY INCLUDE
INDEPENDENT SALARY STUDIES OR DATA FROM SALARY SURVEYS.	
FOR THE LEADERSHIP TEAM (LT), PERFORMANCE REVIEWS ARE COM	PLETED ANNUALLY
AND SALARY LEVELS ARE SET ACCORDINGLY. THE PRESIDENT & CE	O SIGNS OFF ON ALL
LT SALARIES. THE BOARD OF TRUSTEES APPROVES AN OVERALL BU	DGET WHICH
INCLUDES A POOL FOR SALARY INCREASES.	
ON OCCASION, BOMI INTERNATIONAL CONDUCTS A SALARY REVIEW	VIA AN EXTERNAL
SOURCE TO COMPARE SALARIES TO OTHER NOT-FOR-PROFIT COMPAN	IES OF SIMILAR
SIZE.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	