



BOMA OFFICE INCOME & EXPENSE

QUESTIONNAIRE

Data for Calendar or Fiscal Year 2018

(* = Required Question)

*Property Name _____

*Street Address _____

*City _____

*State/Province _____

*Zip/Postal Code _____

CoStar Number _____

Step 1: Contact Information

Create an Account or Login

Name _____

Company Name _____

Address _____ Suite _____

City _____

State/Province _____ Zip/Code _____

BOMA Member? Yes No Email _____

*Select who will receive access to the Expense Performance Comparison (EPC):

You

Someone Else: 1. First Name _____

2. Last Name _____

3. Phone () _____

*4. Email _____

Deadline April 1, 2019



Step 2: Building Information I

Building Area Information

*1. Building Area Measurement (*Please indicate the measuring unit of your reporting data.*)

- Sq. Feet Sq. Meters

*2. Floor Measurement Method:

- BOMA Rentable 2017—Method A BOMA Rentable 2017—Method B
 BOMA Rentable 2010—Method A BOMA Rentable 2010—Method B
 BOMA Rentable (1996) BOMA Rentable (1989) GSA New York (REB 68)
 BOMA Usable Not Sure / Don't Know Other _____

*3. Office Rentable Area _____ SF/SM

4. Retail Rentable Area _____ SF/SM

5. Other Rentable Area _____ SF/SM

*6. Total Rentable Area _____ SF/SM

7. Total Gross Building Area _____ SF/SM

8. Total Usable Area _____ SF/SM

Parking Information

9. Total Number of Parking Stalls _____ Stalls

10. Parking Area _____ SF/SM

*11. Number of Free-Standing Buildings _____ (max of 10)

12. Year Property Opened _____

13. Year of Last Renovation _____

14. Number of Floors Above Ground _____ (max of 120)

Location Information

*15. Location: Downtown Area Suburban Area

16. Location Type: Urban Area Campus-Like Setting Neither

17. Proximity to Public Transit (City Blocks) _____

18. Property Class: Class A Class B Class C

Deadline April 1, 2019



*19. Property Type:

- General Multi-Tenant 75% Medical 75% Financial
 75% Government Occupied 75% Industrial Corporate Facility
 Single Purpose (please specify): _____
 Other (please specify): _____

*20. Lease Type:

- Triple Net Modified Gross Full Service
 Other (please specify): _____

Step 3: Building Information II

(* = Required Field)

*1. Ownership Type:

- Institutional Investor REIT Corporate/Owner-Occupier Government
 Hospital Nonprofit Private Owner/Partnership/LLC Developer
 Do Not Know Other _____

2. Is this property operated by third party management? _____

Please indicate the percentage of office rentable area occupied by the following types of tenants:

3. Government _____ %
4. Private Non-Profit _____ %
5. Medical _____ %
6. Tenants Operating 24/7 _____ %
7. Total hours of Operation _____
8. Total Number of Office Tenants _____
9. Total Number of Retail Tenants _____
10. Average Annual # of On-site Tenant Employees _____
11. Number of On-site Maintenance / Engineering FTEs _____
12. Size of Owner Office _____ SF/SM
13. Will the property income figures include rental charges for owner-occupied space _____ ?

Deadline April 1, 2019



Occupancy

- *14. Average Office Occupancy Rate for the year (NOT vacancy rate) _____ %
- 15. End-of-Year Occupancy Rate (NOT vacancy rate) _____ %
- 16. Average Retail Occupancy Rate for the year (NOT vacancy rate) _____ %
- 17. End-of-Year Retail Occupancy Rate (NOT vacancy rate) _____ %
- 18. Average Other Occupancy Rate for the year (NOT vacancy rate) _____ %
- 19. End-of-Year Other Occupancy Rate (NOT vacancy rate) _____ %

Leasing Information

- 20. Rentable Area Leased for the year _____ SF/SM
- 21. Year-End Asking Rents \$ _____
- 22. Capitalization Threshold \$ _____

Please indicate the RETAIL square footage for which you provide the following services:

- 23. Cleaning _____ SF/SM
- 24. Repairs / Maintenance _____ SF/SM
- 25. Utilities _____ SF/SM

Energy and Sustainability Information

- 26. Percentage property's electricity generated by itself _____ %
- 27. Is this property ENERGY STAR certified? Yes No
- 28. Does your building benchmark its energy performance using a tool such as EPA's Portfolio Manager? Yes No

29. If your building uses Portfolio Manager, what is your ENERGY STAR® score?
[Answer must be a whole number 1 to 100.] _____

*30. Has this property earned BOMA's 360 designation? Yes No
If so, in what year was the designation earned? _____

31. LEED Program Participation: _____ [New Construction, Existing Building, Core and Shell or None]

32. LEED Achievement: Certified Silver Gold Platinum

Deadline April 1, 2019



Step 4: Income Information

- 1) Office Rent: _____ Override Auto-Sum _____ Total \$
- 1. Base Rent \$ _____
 - 2. Pass-Thrus \$ _____
 - 3. Escalations \$ _____
 - 4. Lease Cancellations \$ _____
 - 5. Rent Abatements (-) \$ _____
- Total Office Rent (Sum of 1-5) \$ _____*
- 2) Retail Rent \$ _____ Override Auto-Sum _____ Total \$
- 3) Other Rent \$ _____ Override Auto-Sum _____ Total \$
- 4) Telecom Income _____ Override Auto-Sum _____ Total \$
- 1. Rooftop Income \$ _____
 - 2. Wire / Riser Access Income \$ _____
- Total Telecom Income (Sum of 1-2) \$ _____*
- 5) Miscellaneous Income
- 1. Gross Parking Income \$ _____
 - 2. Tenant Service Income \$ _____
 - 3. Miscellaneous Income \$ _____
- Total Miscellaneous Income (Sum of 1-3) \$ _____*
- Total Rental Income (Sum of Office, Retail & Other Rent) \$ _____
- Total Income (Sum of Telecom & Misc. Income) \$ _____

Step 5: Expense Information (Expenses in Whole Dollars)

- 1) Cleaning Expenses
- 1. Payroll, Taxes, Fringes \$ _____
 - 2. Routine Contracts \$ _____
 - 3. Window Washing \$ _____
 - 4. Other Specialized Contracts \$ _____
 - 5. Supplies / Materials \$ _____
 - 6. Trash Removal / Recycling \$ _____
 - 7. Miscellaneous/ Other \$ _____
- Total Cleaning Expenses (Sum of 1-7) \$ _____*

Deadline April 1, 2019



2) Repair / Maintenance Expenses

1. Payroll, Taxes, Fringes \$ _____

2. Elevator \$ _____

3. HVAC \$ _____

4. Electrical \$ _____

5. Structural / Roofing \$ _____

6. Plumbing \$ _____

7. Fire / Life Safety \$ _____

8. General Building Interior \$ _____

9. General Building Exterior \$ _____

10. Parking Lot \$ _____

11. Miscellaneous / Other \$ _____

Total R/M Contracts (Sum of 1-11) \$ _____

3) Utility Expenses

1. Total Electricity \$ _____

3. Gas \$ _____

4. Fuel Oil \$ _____

5. Steam \$ _____

6. Chilled Water \$ _____

7. Water / Sewer \$ _____

Total Utilities Expenses (Sum of 1-7) \$ _____

4) Roads / Grounds Expense

1. Landscaping \$ _____

2. Snow Removal \$ _____

3. Miscellaneous / Other \$ _____

Total Roads/Grounds Expenses (Sum of 1-3) \$ _____

Deadline April 1, 2019



5) Security Expenses

1. Payroll, Taxes, Fringes \$ _____

2. Contracts \$ _____

3. Equipment \$ _____

4. Miscellaneous / Other \$ _____

Total Security Expenses (Sum of 1-4) \$ _____

6) Administrative Expenses

1. Payroll, Taxes, Fringes \$ _____

2. Management Fees \$ _____

3. Professional Fees \$ _____

4. General Office Expenses \$ _____

5. Employee Expenses \$ _____

6. Miscellaneous / Other \$ _____

Total Administrative Expenses (Sum of 1-6) \$ _____

7) Fixed Expenses

1. Real Estate Taxes \$ _____

2. Personal Property Tax \$ _____

3. Other Tax \$ _____

4. Building Insurance \$ _____

5. License / Fees / Permits \$ _____

Total Fixed Expenses (Sum of 1-5) \$ _____

8) Directly Expensed Leasing

1. Payroll \$ _____

2. Commission / Fees \$ _____

3. Advertising / Promotion \$ _____

4. Professional Fees \$ _____

5. Tenant Improvements \$ _____

6. Other Leasing Costs \$ _____

Total Leasing Expenses (Sum of 1-6) \$ _____

Deadline April 1, 2019



9) Amortized Leasing

1. Commissions / Fees \$ _____

2. Tenant Improvements \$ _____

3. Other Leasing Costs \$ _____

Total Amortized Leasing (Sum of 1-3) \$ _____

10) Parking Expenses

1. In-house \$ _____

2. Contract \$ _____

3. Snow Removal \$ _____

4. Shuttle \$ _____

Total Parking Expenses (Sum of 1-4) \$ _____

11) Telecom Expense

1. Total Telecom Expense \$ _____

Step 6: Confirmation

Please review the data submitted for accuracy. Note that we may have flagged certain data for specific review. Once you have reviewed all your data, please print a copy of this confirmation page, for your records. Then, click “Submit” to assure that your submissions is complete. Once you click “submit,” your survey will be locked and you will not be permitted to make changes to your submission. If you determine that you need to make a change to your survey once it’s been submitted, please contact BOMA at eer@boma.org.

Deadline April 1, 2019