See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492319016230

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BOSTON SIM INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 998

City or town, state or country, and ZIP + 4
UPTON, MA 01568

D Employer identification number
04-2738814

E Telephone number
(978) 463-6800

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ WWW BOSTONSIM ORG

J Tax-Exempt status (check only one)— ☑ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 258,159

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	150,082
	3	Membership dues and assessments	3	106,738
	4	Investment income	4	1,339
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐		
	a	Gross revenue (not including $ _of contributions reported on line 1) — 6a		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	258,159
Expenses	10	Grants and similar amounts paid (attach schedule)	10	39,572
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	37,671
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	198,649
	17	**Total expenses.** Add lines 10 through 16 ▶	17	275,892
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,733
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	241,709
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	223,976

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	243,416	22	223,976
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	243,416	25	223,976
26	**Total liabilities** (describe ▶)	1,707	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	241,709	27	223,976

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
PROFESSIONAL SOCIETY- MANAGEMENT INFORMATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 NATIONAL ISSUE AWARENESS THROUGH COMMUNICATION AND COMMITTMENT TO INTERNATIONAL ORGANIZATION (SIM ORGANIZATION) WEBCASTS, ATTENDANCE AT NATIONAL CONFERENCE, NATIONAL JOURNAL AND NEWSLETTER FOR MEMBERS (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	58,257
29 PROGRAMS/FORUMS ON LEADERSHIP DEVELOPMENT IN TEAM BUILDING, NEGOTIATING, CHANGE ISSUES AND OTHER MAJOR STUDY NECESSARY FOR THE ADVANCEMENT OF INFORMATION TECHNOLOGY LEADERS BOSTON SIM PRIMARILY PROVIDES THIS OPORTUNITY TO MEMBERS IN THE NEW ENGLAND AREA (Grants $ 39,572) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	47,808
30 CIO ROUNDTABLE MEETING, NETWORK GATHERINGS AND MONTHLY MEETINGS WITH GUEST SPEAKERS DISCUSSING MATTERS AFFECTING THE SCOPE AND SUBSTANCE OF THOSE PROFESSIONALS WORKING IN AN IT CAPACITY (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	72,233
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	178,298

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ The Organization Telephone no ▶ (978) 463-6800

Located at ▶ PO BOX 998 UPTON, MA ZIP + 4 ▶ 01568

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

50(f) Total number of other employees paid over $100,000 . . . . . ▶

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

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ ****** — Signature of officer — 2010-11-05 — Date

▶ Robert KOSKOVICH Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Paul J Gerry Jr	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Gray Gray & Gray LLP 34 Southwest Park Westwood, MA 02090			EIN ▶ Phone no ▶ (508) 875-2367

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 04-2738814
Name: BOSTON SIM INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JO HOPPE 200 WEST STREET WALTHAM,MA 02451	PRESIDENT 5 00	0	0	0
ROBERT KOSKOVICH PO BOX 111 NATICK,MA 01760	VICE PRESIDENT 5 00	0	0	0
BRADFORD SWEET 13 AMY BROWN ROAD MASHPEE,MA 02649	TREASURER 5 00	0	0	0
THOMAS CATALINI 470 ATLANTIC AVE BOSTON,MA 02210	SECRETARY 5 00	0	0	0
ROBERT ARMOUR 21 BROOKSIDE FARM LANE SUDBURY,MA 01776	DIRECTOR 5 00	0	0	0
LESLIE BALL PO BOX 46 SCITUATE,MA 02066	DIRECTOR 5 00	0	0	0
MICHAEL BROOKS 20 MALL ROAD SUITE 400 BURLINGTON,MA 01803	DIRECTOR 5 00	0	0	0
MICHAEL DRAPER 85 RIVERVIEW DRIVE BRIDGEWATER,MA 02324	DIRECTOR 5 00	0	0	0
MARLOWE FARRAR 33 RIDGE ROAD FOXBORO,MA 02035	DIRECTOR 5 00	0	0	0
DREW FARRIS 32 CREIGHTON STREET PROVIDENCE,RI 02906	DIRECTOR 5 00	0	0	0
DAVID GOLDSTEIN 130 TURNER ST BLDG 3 STE 225 WALTHAM,MA 02453	DIRECTOR 5 00	0	0	0
GARY HAMMOn 129 FISHER AVENUE BROOKLINE,MA 02445	DIRECTOR 5 00	0	0	0
CARMELO LISCIOTTO 101 MAIN STREET CAMBRIDGE,MA 02142	DIRECTOR 5 00	0	0	0
SHAMIM MOHAMMAD ONE MERCER ROAD NATICK,MA 01760	DIRECTOR 5 00	0	0	0
KEVIN MORE 41 PACELLA PARK DRIVE RANDOLPH,MA 02368	DIRECTOR 5 00	0	0	0
SARA MORGAN 500 STAPLES DRIVE FRAMINGHAM,MA 01702	DIRECTOR 5 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492319016230

TY 2009 Grants and Similar Amounts Paid Schedule

Name: BOSTON SIM INC

EIN: 04-2738814

Item No.	1
Class of Activity	OUTREACH
Donee's Name	COMMON IMPACT
Donee's Address	215 FIRST STREET CAMBRIDGE, MA 02142
Amount (FMV)	8,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	2
Class of Activity	OUTREACH
Donee's Name	TECH BOSTON
Donee's Address	55 MALCOLM X BUILDING 1 ROXBURY, MA 02120
Amount (FMV)	8,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	3
Class of Activity	OUTREACH
Donee's Name	TEEN VOICES
Donee's Address	80 SUMMER STREET BOSTON, MA 02109
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	4
Class of Activity	OUTREACH
Donee's Name	YEAR UP
Donee's Address	93 SUMMER STREET BOSTON, MA 02110
Amount (FMV)	11,072
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	5
Class of Activity	OUTREACH
Donee's Name	UMASS LOWELL
Donee's Address	ONE UNIVERSITY AVENUE LOWELL, MA 01854
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492319016230

TY 2009 Other Expenses Schedule

Name: BOSTON SIM INC

EIN: 04-2738814

Description	Amount
MEETING AND PROGRAM EXPENSES	136,745
MEMBERSHIP DUES PAID	35,550
CONFERENCE EXPENSES	9,140
BOARD MEETING EXPENSES	2,726
OTHER COSTS	1,981
ADMINISTRATIVE AND OFFICE EXPENSES	12,507

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492319016230

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: BOSTON SIM INC

EIN: 04-2738814

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.