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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
**PROJECT MANAGEMENT INSTITUTE-MASS
BAY CHAPTER**

Number and street (or P O box, if mail is not delivered to street address)
411 WAVERLEY OAKS RD

Room/suite
331B

City or town, state or country, and ZIP + 4
WALTHAM MA 02453

D Employer identification number
04-3531625

E Telephone number
617-497-7432

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.PMIMASSBAY.ORG**

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

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

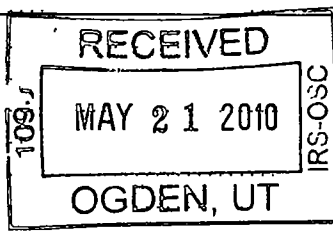
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. ▶ \$ **168,728**

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

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				
	2	Program service revenue including government fees and contracts																				
	3	Membership dues and assessments																				
	4	Investment income																				
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less: cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																				
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																				
6b	Less: direct expenses other than fundraising expenses																					
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																					
7a	Gross sales of inventory, less returns and allowances																					
7b	Less: cost of goods sold																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe ▶ _____)																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶																					
Expenses	10	Grants and similar amounts paid (attach schedule)																				
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				
	13	Professional fees and other payments to independent contractors																				
	14	Occupancy, rent, utilities, and maintenance																				
	15	Printing, publications, postage, and shipping																				
	16	Other expenses (describe ▶ SEE STATEMENT 2)																				
	17	Total expenses. Add lines 10 through 16 ▶																				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				
	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)																				
	20	Other changes in net assets or fund balances (attach explanation)																				
	21	Total net assets or fund balances at end of year. Combine lines 18 through 20 ▶																				

SEE STATEMENT 1



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	176,123	172,888
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	176,123	172,888
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,123	172,888

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

DAA

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SCANNED JUL 17 2010

RECEIVED MAY 17 2010

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
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		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ PMI MASS BAY CHAPTER Telephone no ▶ 411 WAVERLEY OAKS RD Located at ▶ WALTHAM, MA ZIP + 4 ▶ 02452		
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		X
	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		X
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
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		X

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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

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

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: Michael Robillard Date: 5/15/2010
 Type or print name and title: ~~ALLEN DABRODI~~ MICHAEL ROBILLO PRESIDENT UP-FINANCE

Paid Preparer's Use Only

Preparer's signature: JENNIFER PROKOWIEW Date: 05/04/10 Check if self-employed: Preparer's Identifying Number (See instr): 029-60-2718
 Firm's name (or yours if self-employed), address, and ZIP + 4: B. CLARK TAYLOR, CPA
321 BOSTON POST RD
SUDBURY, MA 01776-3025 EIN: 04-3139753
 Phone no: 978-443-4277

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES TRANSMISSION-PMI HQ	\$ 53,430
TOTAL	\$ 53,430

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
CATERING/FOOD SERVICE-MEE	46,196
AUDIO/VISUAL CHARGES	547
GUEST SPEAKER FEES/TRAVEL	8,871
OFFICE SUPPLIES/PRINTING	2,556
DUES/FEES	4,152
OUTSOURCED ADMIN SVS	7,195
SUPPLIES	1,667
ROOM RENTAL	3,650
CATERING/FOOD SERVICE-TRA	12,035
GUEST INSTRUCTOR FEES/TRA	10,658
DUES/FEES-TRAINING	4,122
OUTSOURCED ADMIN SVS	361
OFFICE SUPPLIES-TRAINING	878
ROOM RENTAL	3,264
AUDIO/VISUAL CHARGES	1,600
SUPPLIES	7,872
NEWSLETTER	660
TRAVEL OF OFFICERS	15,179
CATERING/ROOM-BOD MEETING	2,068
MARKETING/WEBPAGE ADMIN	1,718
ADMINISTRATIVE SERVICES	11,104
SCHOLARSHIPS	5,500
OFFICE SUPPLIES/OTHER ADMI	4,275
TELEPHONE	2,142
CHAPTER OUTREACH SUPPLIES	1,919
ROOM RENTAL	860
PROFESSIONAL SERVICES	1,190
PROFESSIONAL FEES	3,672
PRINTING	1,632
REIMBURSEMENTS	450
SUBSCRIPTIONS	580
REGISTRATION FEES	2,265
TAX	150
TOTAL	\$ 170,988

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

THE ORGANIZATION WAS FORMED FOR THE FOLLOWING PURPOSES:

A) TO ADVANCE THE GENERAL AND SPECIFIC PURPOSES OF THE PROJECT MANAGEMENT INSTITUTE, INC.

B) TO ADVANCE THE PRACTICE AND PROFESSION OF PROJECT MANAGEMENT.

C) TO ENCOURAGE AND FACILITATE EDUCATION, CERTIFICATION AND PROFESSIONALISM IN PROJECT MANAGEMENT.

D) TO PROVIDE A FORUM FOR DISCUSSION AND EXAMINATION OF PROBLEMS, SOLUTIONS, APPLICATIONS AND IDEAS RELATED TO THE MANAGEMENT OF PROJECTS.

E) TO DISSEMINATE INFORMATION REGARDING DEVELOPMENTS IN PROJECT MANAGEMENT.

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

CHAPTER OUTREACH/BOARD OF DIRECTORS MEETINGS/
ADMINISTRATIVE EXPENSES REQUIRED TO PLAN AND IMPLEMENT THE ORGANIZATIONS GOALS AND PROGRAMS THROUGHOUT THE YEAR.