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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**A** For the 2010 calendar year, or tax year beginning , 2010, and ending ,**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C**

**SOCIETY FOR INFORMATION MANAGEMENT**  
**PORTLAND CHAPTER**  
818 SW 3RD AVE, PMB #112  
PORTLAND, OR 97204-2405

**D** Employer identification number

93-1316927

**E** Telephone number

(503) 880-1534

**F** Group Exemption Number

► 3701

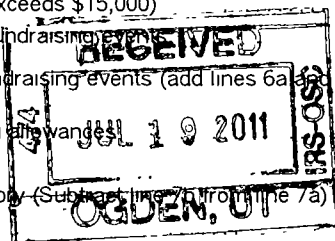
**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► WWW.SIMNET.ORG**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 145,420.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	82,600.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	51,734.
	4	Investment income	4	4.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6a	
	6b	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	11,082.
	6c	Gross income from fundraising events (not including \$ 67,100. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	31,454.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-20,372.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	113,966.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	52,500.
	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	607.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	72,270.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	125,377.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,411.
	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	98,740.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	87,329.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	98,740.	22 86,925.
23 Land and buildings		23
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>		24 404.
25 Total assets	98,740.	25 87,329.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,740.	27 87,329.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe 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 MEETINGS TO PROVIDE FORUM FOR ALL ASPECTS OF INFORMATION MANAGEMENT INCLUDING PRESENTATIONS BY LEADING PROFESSIONALS AND AN OPPORTUNITY TO EXCHANGE IDEAS CONCERNING INFORMATION MANAGEMENT. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,225.
29 DEVELOP LEADERSHIP SKILLS TO FURTHER EXTEND THEIR PROFESSIONAL NETWORKS AND TO BRING ADDITIONAL RESOURCES TO PLAY IN THE NEVER ENDING CHALLENGES OF PROFESSIONAL AND PERSONAL GROWTH. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	8,558.
30 ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	36,783.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LANCE HARRIS 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	PRESIDENT 2.00	0.	0.	0.
SUE MARKOVITZ 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	TREASURER 2.00	0.	0.	0.
STEVE HUFFORD 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	SECRETARY 2.00	0.	0.	0.
JEFF BARNES 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	MEMBERSHIP 2.00	0.	0.	0.
JOHN PIERCE 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	MARKETING 2.00	0.	0.	0.
MARK BRYAN 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	PAST PRESIDENT 2.00	0.	0.	0.
BRIAN IRVINE 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	PROGRAMS 2.00	0.	0.	0.
PRADEEP KUMAR 818 SW 3RD AVE, PMB #112 PORTLAND, OR 97204-2405	ACADEMIC LIAISO 2.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A, section 4912 <b>▶</b> N/A, section 4955 <b>▶</b> N/A		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> 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 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> NONE		

**42a** The organization's books are in care of **▶** SUE MARKOVITZ Telephone no **▶** (503) 802-8612  
 Located at **▶** 818 SW 3RD AVE, PMB #112 PORTLAND OR ZIP + 4 **▶** 97204-2405

**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**

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 a 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**

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 **▶** ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** N/A

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
<b>44d</b>		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

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

	Yes	No
47		
48		
49a		
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 and 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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer	Date			
	SUE MARKOVITZ <i>Sue Markovitz</i>	TREASURER			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS L. STRONG	THOMAS L. STRONG	6/15/2011		N/A
	Firm's name	YOUNG & COMPANY, LLC CPAS			
	Firm's address	11200 SW ALLEN BLVD., STE 100 BEAVERTON, OR 97005-4823			
	Firm's EIN	N/A			
	Phone no	(503) 646-4800			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.**

# 2010

**Open to Public Inspection**

**Employer identification number**  
93-1316927

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2010

TEEA3701L 03/25/11

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	78,182.			78,182.
	2 Less Charitable contributions	67,100.			67,100.
	3 Gross income (line 1 minus line 2)	11,082.			11,082.
DIRECT EXPENSES	4 Cash prizes	300.			300.
	5 Noncash prizes	12,290.			12,290.
	6 Rent/facility costs	10,000.			10,000.
	7 Food and beverages	2,653.			2,653.
	8 Entertainment				
	9 Other direct expenses	6,211.			6,211.
	10 Direct expense summary Add lines 4- through 9 in column (d)				31,454.
	11 Net income summary. Combine line 3, column (d), and line 10				-20,372.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

**11 .Does the organization operate gaming activities with nonmembers?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes      ☐ No

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

13a	%
-----	---

**b** An outside facility

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name 

Address ▶

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

☐ Yes      ☐ No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶

## 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$\_\_\_\_\_

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **SOCIETY FOR INFORMATION MANAGEMENT  
PORTLAND CHAPTER**

Employer identification number  
**93-1316927**

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

**LEADERSHIP DEVELOPMENT OF MEMBERS**

SOCIETY FOR INFORMATION MANAGEMENT  
PORTLAND CHAPTER

93-1316927

## FORM 990-EZ, PART I, LINE 10

## GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CLASS OF ACTIVITY:	SCHOLARSHIP FUND	
DONEE'S NAME:	OSU FOUNDATION	
DONEE'S ADDRESS:	850 SW 35TH ST. CORVALLIS, OR 97333	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND	
DONEE'S NAME:	PORTLAND STATE UNIVERSITY	
DONEE'S ADDRESS:	1825 SW BROADWAY PORTLAND, OR 97201	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 7,500.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND	
DONEE'S NAME:	UNIVERSITY OF PORTLAND	
DONEE'S ADDRESS:	5000 N WILLAMETTE BLVD PORTLAND, OR 97203	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND	
DONEE'S NAME:	OREGON INSTITUTE OF TECHNOLOGY	
DONEE'S ADDRESS:	20175 NW AMBERGLEN CT, STE 100 BEAVERTON, OR 97006	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 7,500.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND	
DONEE'S NAME:	WASHINGTON STATE UNIVERSITY FOUNDATION	
DONEE'S ADDRESS:	TOWN CENTRE BUILDING, 3RD FLOOR PULLMAN, WA 99164	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 7,500.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND	
DONEE'S NAME:	OSU COLLEGE OF BUSINESS - MIS	
DONEE'S ADDRESS:	COLLEGE OF BUSINESS 200 BEXELL HALL CORVALLIS, OR 97331	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.

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

BANK & CREDIT CARD FEES	\$ 2,728.
BOARD EXPENSES	7,013.
DEPRECIATION	101.
GOVERNMENT FEES	50.
LDR EXPENSES	8,558.
MARKETING	1,263.
MEETING NIGHT EXPENSES	28,225.
OFFICE EXPENSES	95.
SIMI MEMBERSHIP DUES EXPENSE	23,680.
WEBSITE	557.
<b>TOTAL</b>	<b>\$ 72,270.</b>

2010

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

SOCIETY FOR INFORMATION MANAGEMENT  
PORTLAND CHAPTER

93-1316927

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

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 0.	\$ 404.
TOTAL	<u>\$ 0.</u>	<u>\$ 404.</u>