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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, 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

2010

Open to Public
Inspection

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.ORGJ Tax-exempt status (ck only one) — 501(c)(3) 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 \$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

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	
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 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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)	6b	11,082.
c Less: direct expenses from gaming and fundraising events	6c	31,454.
d 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	
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 in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	113,966.
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 Total expenses. Add lines 10 through 16	17	125,377.
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)

8/2011

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.
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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

33 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

	Yes	No
33		X
34		X

34 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)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?

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

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?

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 tax year covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

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

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 ► **0.**d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.**

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

41 List the states with which a copy of this return is filed ► **NONE**

33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		N/A
39a		N/A
39b		N/A
40b		
40c		
40d		
40e		X

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**

	Yes	No
42b		X

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)?

If 'Yes,' enter the name of the foreign country ►

	Yes	No
42b		X
42c		X
42d		

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.?

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** ► **N/A** ► **N/A**

	Yes	No
44a		X

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

	Yes	No
44a		X
44b		X
44c		X
44d		

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

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

	Yes	No
45		X
45a		X
46		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 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

	Yes	No
47		
48		
49a		
49b		

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, Part II.

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.'

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'

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

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.

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

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

BAA

► Yes No

Form 990-EZ (2010)

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 TOURNAMENT (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))
	1 Gross revenue				
DIRECT EXPENSES	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?

Yes 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

13a		%
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 ► \$ _____

844 5

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

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.
RELATIONSHIP OF DONEE:	CORVALLIS, OR 97333
CASH AMOUNT GIVEN:	\$ 10,000.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND
DONEE'S NAME:	PORLTAND STATE UNIVERSITY
DONEE'S ADDRESS:	1825 SW BROADWAY
RELATIONSHIP OF DONEE:	PORLTAND, OR 97201
CASH AMOUNT GIVEN:	\$ 7,500.
CLASS OF ACTIVITY:	SCHOLARSHIP FUND
DONEE'S NAME:	UNIVERSITY OF PORTLAND
DONEE'S ADDRESS:	5000 N WILLAMETTE BLVD
RELATIONSHIP OF DONEE:	PORTLAND, OR 97203
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
RELATIONSHIP OF DONEE:	BEAVERTON, OR 97006
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
RELATIONSHIP OF DONEE:	PULLMAN, WA 99164
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
RELATIONSHIP OF DONEE:	CORVALLIS, OR 97331
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.
TOTAL	\$ 72,270.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION
SOCIETY FOR INFORMATION MANAGEMENT
PORTLAND CHAPTER

PAGE 3

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

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