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efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 01-01-2011

C Name of organization

SOCIETY FOR MANAGEMENT INFORMATION SYSTEMS

As Filed Data -

DLN: 93492132015892

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

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

, and ending 12-31-2011

Open to Public Inspection

_		cnange				38-2	759945	<u> </u>
	ame ch	,	or P O box, if mail is not delivered to street address)	Room/suite	?	E Telep	hone n	umber
_	ıtıal ret	.uiii					(248	3) 232-4806
_	erminat		r country, and ZIP + 4		_	F Group		
_		Grosse Pointe Farms				Numb		▶ -
	урпсаці	on pending						
~ ^ -		ing method F Cash F Accrua	L. Other (annual) b		H Check I	- ⊽ ਜ	the o	rganızatıon ıs not
GAC	count	ing method i Cash i Accrua	Other (specify) F		require	d to atta	ach So	hedule B
T 14/	heite	• www.simnet.org		-	(Form 9	90,99	0-EZ,	or 990-PF)
			3) ✓ 501(c)(6) ◀(insert no) 4947(a)(1) or	527				
JIAX	-EXCIII	pt status (check only one)—1 301(c)(.	3)1 301(c)(0) 4(iiiseit ii0)1 4347(a)(1) 011 .	J27				
			ction 509(a)(3) supporting organization or a					
			990-EZ or Form 990 return is not required the		rm 990-N (e-postc	ard) n	nay be required (see
			ses to file a return, be sure to file a complete ss receipts, If gross receipts are \$200,000 or more, or		ots / Dort II lin	o 2E, colu	ımn /P	holow) are #E00 000 or
more,	, file	Form 990 instead of Form 990-EZ	> \$ 32,199	ii totai asse	: (Fait II, IIII	e 23, colu	ши (в,	below) are \$500,000 or
Pa	rt I	Revenue, Expenses, an	d Changes in Net Assets or Fund B	alances	S (See the i	nstructi	ons fo	or Part I)
		Check if the organization used	Schedule O to respond to any question in th	ııs Part I				
	1	Contributions, gifts, grants, and	sımılar amounts received			.	1	0
	2	Program service revenue includi	ng government fees and contracts			. [2	0
	3	Membership dues and assessme	ents			. 1	3	14,686
	4	Investment income				. 1	4	731
	- 5a	Gross amount from sale of asset	ts other than inventory	5a		ا ا		
O.	Ja		·			0		
Revenue	D	Less cost or other basis and sales expenses				4	_	
9	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	0
ď	6	Gaming and fundraising events						
	а	Gross income from gaming (attach Scho	edule G if greater than \$15,000)	6a		0		
	b	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds						
		reported on line 1) (attach Sche \$15,000)	dule G if the sum of such gross income and c	ontributio	ons exceeds	•		
		\$13,000 <i>)</i>		6b		اه		
	_	Less direct expenses from gam	ing and fundraising events	6c				
		· · · · · · · · · · · · · · · · · · ·	g and fundraising events (Add lines 6a and 6		htract line 6	<u>-\</u>	ا ہے	0
	_ a	, , ,	· ·	1 1	otract line o	ĺ	6d	
	7a	Gross sales of inventory, less re	eturns and allowances	7a		0		
	b	Less cost of goods sold .		7b		0		
	С	Gross profit or (loss) from sales	of inventory (Subtract line 7b from line 7a)			ļ	7c	0
	8	Other revenue (describe in Sche	edule O)	•		L	8	16,782
	9	Total revenue. Add lines 1, 2, 3	,4,5c,6d,7c,and8				9	32,199
	10	Grants and similar amounts paid	(list in Schedule O)				10	10,000
	11	Benefits paid to or for members				. †	11	0
	12	Salaries, other compensation, a	nd employee benefits			t	12	0
ψ	13		ments to independent contractors			ŀ	13	0
950						· }		0
Expenses	14	Occupancy, rent, utilities, and n				. }	14	
Ω̈́	15	Printing, publications, postage,				·	15	84
	16	Other expenses (describe in Sci	hedule O)				16	45,250
	17	Total expenses. Add lines 10 th	rough 16				17	55,334
ಲ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			. [18	-23,135
0 0 0	19	Net assets or fund balances at b	peginning of year (from line 27, column (A)) (r	must agre	ee with	Ī		
Net.Assets		end-of-year figure reported on p	rıor year's return)			.	19	134,168
Ž	20	Other changes in net assets or i	fund balances (explain in Schedule O)			.	20	0
	21		end of year Combine lines 18 through 20			.	21	111,033
			,	-				= = = , = = =

Part II Balance Sheets					
Check if the organization used	Schedule O to respond to a	any question in this	s Part II		<u>F</u>
(See the instruct	nons for Part II)	Г	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[134,168	22	111,033
23 Land and buildings		[0	23	0
24 Other assets (describe in Schedule O)		0	24	0
25 Total assets			134,168	25	111,033
26 Total liabilities (describe in Schedule (0)		0	26	0
27 Net assets or fund balances (line 27 of	column (B) must agree wit	h line 21) .	134,168	27	111,033
Part IIII Statement of Program	Service Accomplishm	ents			Expenses
Check if the organization used		any question in thi	s Part III .		equired for section 501
What is the organization's primary exempt					(3) and 501(c)(4) ganizations and section
to provide a forum for exchange of profession. Describe the organization's program service.		h of its three large	et program services as	49	47(a)(1) trusts,
measured by expenses In a clear and cond	•	_		op	tional for others)
benefited, and other relevant information fo	· •				1
28 Career Development Programs 10 Cha		•	5 5		
present topics regarding Information Techr membership of the group is approximately:					
Executive Directors, Vice Presidents, Chie					
meetings)			. –		
	s amount includes foreign g	rants, check here	· · · •	28a	45,054
29					
	s amount includes foreign g	rants, check here	· · · ▶ □	29a	
30					
(Grants \$) If this	s amount includes foreign g	rants, check here	· · · ▶ ┌	30a	
31 Other program services (describe in Sci			· · · <u>· ·</u>		
	s amount includes foreign g		<u> </u>	31a	
32 Total program service expenses (add line Part IV List of Officers, Directors, Trus				32	
Check if the organization used					iis ioi Pait IV)
encek if the organization used	(b) Title and average	(c) Compensation			(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit pl	ans 8	account and
	devoted to position	enter -0)	deferred compensa	ation	other allowances
See Additional Data Table					
See Additional Data Fable					

Pa	rt 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		
33		e organization engage in any significant activity not previously reported to the IRS? If "Yes," provide and description of each activity in Schedule O	33	res	No		
34							
35	If the o						
а		e organization have unrelated business gross income of \$1,000 or more during the year from business les (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If Yes Sched	'to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in ule O	35b				
C	notice	be organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III	35c		No		
36	the ye	e organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during ar? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter ar	nount of political expenditures, direct or indirect, as described in the instructions 37a 0					
b	Did the	e organization file Form 1120-POL for this year?	37b		No		
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any su	ch loans made in a prior year and still outstanding at the end of the tax year 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					
а	Initiat	ion fees and capital contributions included on line 9					
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 - , section 4955					
b	transa	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit ction during the year or did it engage in an excess benefit transaction in a prior year that has not been ed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
	·		40b				
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or lifed persons during the year under sections 4912, 4955, and 4958					
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the zation					
	transa	anizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ction? If "Yes," complete Form 8886-T	40e		No		
41		states with which a copy of this return is filed 🕨					
42a	The o	rganization's books are in care of redeem Montgomery Telephone no	<u>(24</u>	8)232	-4806		
		233 Kenwood Ct ed at Farms, MI ZIP + 4	<u> 48</u>	823635	517		
Ь		time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	accour		42b		No		
	If "Yes	," enter the name of the foreign country 🕨					
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and ial Accounts.					
c	Atany	time during the calendar year, did the organization maintain an office outside of the U S $^{\circ}$	42c		No		
	If "Yes	," enter the name of the foreign country 🕨					
	Section	a 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			▶		
				Yes	No		
44a	Did the	e organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		1.00			
	Form 9	90 <i>-EZ.</i>	44a		No		
b		e organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed d of Form990-EZ	44b		No		
c	Did the	e organization receive any payments for indoor tanning services during the year?	44c		No		
d	If 'Y es ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation</i> edule O	44d				
45a	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?						
AEL.	ריק דר	organization receive any nayment from an angage in any transaction with a section of a section of	45a		No		
43D	meanıı	e organization receive any payment from or engage in any transaction with a controlled entity within the ng of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of 90-F7 (see instructions)	45b		No		

16 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to a conditional process. The proble office 1 (17 kg.) complete 5 chedule C, Polit 1 17 All 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. 18 Check if the organization used Schedule O to respond to any question in this Part VI 19 Did the organization engage in following activities or have a section 501(h) election in effect during the tax year? 19 Did the organization engage in following activities or have a section 501(h) election in effect during the tax year? 19 Did the organization engage in following activities or have a section 501(h) election in effect during the tax year? 19 Did the organization make any transfers to an exempt non-charitable related organization? 10 Did the organization make any transfers to an exempt non-charitable related organization? 10 Complete this table or the organization or section 52 7 organization? 10 Complete this table for the organization or the violation of the complete organization or the programmation of the organization or the organization organiza	orm	990-E	Z (2011)						Yes	Page 4
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47.49b and 52. Check if the organization used Schedule D to respond to any question in this Part V1. Yes No. 17 Did the organization engage in lobbying activities or have a section 501(f) election in effect during the tax verif. 18 If the organization as school described in section 170(b)(1)(A)(i)(P) If "Yes," complete Schedule E 19 Did the organization make any transfers to an exempt non-charitable related organization? 10 Did the organization make any transfers to enexation 57 organization? 10 Complete that table for the organization 18 Did (i) and average place of the second organization of the creation 100,000 of compensation from the organization III there is none, enter "None" (a) Name and address of each analysis of the organization organ	46					n behalf of or	ın opposition to	46	res	
Check if the organization used Schedule 0 to respond to any question in this Part VI Yes No.	Par	t VI	All section 501(c)(3) organ			_			_	stions
17 Did the organization engage in lobbying activities or have a section \$01(h) election in effect during the law year? 11"Yes," complete Schedule C, Part II 18 Is the organization a school disscribed in section \$70(b)(1)(A)(n)? If Yes," complete Schedule E 190 Did the organization make any transfers to an exempt into "the stable for the organization of a section \$27 organization? 10 Complete this table for the organization is the stiplest compensated employees (other than efficient, strustees 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 ever \$100,000 11 Total number of other employees paid ever \$100,000 12 Total number of other employees paid ever \$100,000 13 Complete this table for the organization if the stiplest week exceed to position 14 Total number of other employees paid ever \$100,000 15 Complete this table for the organization if the stiplest compensated independent contractors who each received more than \$100,000 16 Organization from the organization if the stiplest compensation from the organization of the stiplest and other independent contractors and extension of the stiplest and other independent contractors who each received more than \$100,000 17 Total number of other independent contractors paid more than \$100,000 18 Total number of other independent contractors ask receiving ever \$100,000 19 Type of service 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number of other independent contractors ask receiving ever \$100,000 10 Total number o				Schedule O to respond	to any question in this	s Part VI	<u> </u>			Γ
If Yes, "complete Schedule C, Part II 47 48 Is the organization a school described in section 170(b)(1)(A)(iii)? If Yes, "complete Schedule E 49 Did the organization make any transfers to an exempt non-chantable related organization? 49 49 49 49 49 49 40 49 40 40 40 40 40 40 40 40									Yes	No
By Did the organization ask early transfers to an exempt non-characteristic related organization? 10	47				ection 501(h) election	ın effect durı	ng the tax year?	47		
bill IT ves, "was the related organization is dealer individual to a property of the property	48	Is the	organization a school described	d in section 170(b)(1)(<i>l</i>	\)(II)? If "Yes," complete	e Schedule E		48		
So Complete this table for the organization is five inglest 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 over \$100,000 of compensation in the organization. If there is none, enter "None" (b) Compensation of the miles and average hours per week devoted to position of devoted to position of the paid more than \$100,000 of compensation from the organization if there is none, enter "None" (b) Compensation of the the organization if there is none, enter "None" (c) Compensation from the organization if there is none, enter "None" (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter "None" (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter "None" (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter "None" (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation of compensation from the organization of more than \$100,000 (c) Type of service (c) Compensation of the organization complete Schedule A NOTE: All Section \$11,000 (c) (c) organizations and \$9.47(e)(1) nonexempt chantable trusts must attach a completed Schedule A NOTE: All Section \$11,000 (c) (c) organizations and \$9.47(e)(1) nonexempt chantable trusts must attach a completed Schedule A NOTE: All Section \$11,000 (c) (c) organizations and \$9.47(e)(1) nonexempt chantable trusts with a service of perhaps. If the section of preparer (other than officer) is based on all information of which preparer has a reviewed perhaps of the part of	49a	Dıd th	e organization make any transfe	ers to an exempt non-ch	narıtable related organı	zation?		49a		
employees) who each received more than \$100,000 of compensation from the organization of their sone, enter "None" (a) Name and address of each employee pour more than \$100,000 burst per week devoted to position Total number of other employees paid over \$100,000 Compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization for the organization for the organization from the organization of the received more than \$100,000 of compensation from the organization complete Schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attached a completed Schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attached and provided and schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attached a completed Schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts from the provided and schedule A NoTE: All Section \$0.1(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts from the provided and schedule A NoTE: All Section \$0.1(c	b	If"Ye	s," was the related organization	a section 527 organiza	tion?			49b		
(a) Name and address of each employee paid more than \$100,000 Compensation Co	50									
Total number of other employees paid over \$100,000 1. 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 filter is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (f) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (h) Type of service (f) Total num	(a)	Name a	and address of each employee	(b) Title and average hours per week	2	(d) Co n employee	ntributions to benefit plans &	(€ a¢	Expe	and
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 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. NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No noveledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an noveledge. Signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's support dentification number self-time for the name of the print name of the print name of the print name										
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 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. NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No noveledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an noveledge. Signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's support dentification number self-time for the name of the print name of the print name of the print name										
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Signature of officer Robert Montgomery Treasurer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Date Check if self-employed Preparer's taxpayer identification number (See instructions) EIN Phone no	nowl	ledge aı								
reparer's Ise Only Signature Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 EIN			Signature of officer Date Robert Montgomery Treasurer							
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Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 38-2759945

Name: SOCIETY FOR MANAGEMENT INFORMATION SYSTEMS

Form 990-EZ, Special Condition Description:

Special Condition Description

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 ot her allowances
Robert Montgomery 233 Kenwood Ct Grosse Pointe Farms, MI 48326	Treasurer 2	0	0	0
Gary Robertson 8936 Deerwood Rd Clarkston, MI 48348	President 2	0	0	0
Dan Puscas 2000 Town Center Suite 2400 Southfield, MI 48075	Membership 2	0	0	0
Jef Fisk 673 Lincoln Rd Grosse Pointe, MI 48320	Secretary 1	0	0	0
Ken Faw 233 Kenwood ct Grosse Pointe Farms,MI 482363517	Program 2	0	0	0

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As Filed Data -

DLN: 93492132015892

OMB No 1545-0047

Open to Public
Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization SOCIETY FOR MANAGEMENT INFORMATION SYSTEMS $\label{eq:condition} % \begin{center} \end{center} % \b$

Employer identification number

38-2759945

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	Revenues from CIO Executive Forum
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	Scholarships
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description,Amount^Bank Fees,196 Program Service Expenses,45054^Total,45250^