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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

**B** Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**SOCIETY FOR INFORMATION MANAGEMENT -- MEMPHIS CHAPTER**  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**2379 OAK TRAIL DRIVE**  
City or town, state or province, country, and ZIP or foreign postal code  
**GERMANTOWN, TENNESSEE 38139**

**D** Employer identification number  
**58-1805261**

**E** Telephone number  
**901-756-7359**

**F** Group Exemption Number ▶

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

**I** Website: ▶ [HTTPS://www.simnet.org/?page=MEM\\_Welcome](https://www.simnet.org/?page=MEM_Welcome)

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **60,501**

**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
	2	Program service revenue including government fees and contracts . . . . .	2 35,000
	3	Membership dues and assessments . . . . .	3 25,471
	4	Investment income . . . . .	4 30
	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 \$ 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	
c	Less: direct expenses from gaming and fundraising events . . . . . 6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 6d		
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ 9 60,501		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . . 10 29,813	
	11	Benefits paid to or for members . . . . . 11 35,976	
	12	Salaries, other compensation, and employee benefits . . . . . 12	
	13	Professional fees and other payments to independent contractors . . . . . 13 3,277	
	14	Occupancy, rent, utilities, and maintenance . . . . . 14	
	15	Printing, publications, postage, and shipping . . . . . 15 912	
	16	Other expenses (describe in Schedule O) . . . . . 16	
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ 17 69,978	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 (9,477)	
	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) . . . . . 19 114,123	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . . 20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶ 21 104,646	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

25

**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
<b>22</b> Cash, savings, and investments	<b>114,123</b>	<b>104,646</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)		
<b>25</b> <b>Total assets</b>	<b>114,123</b>	<b>104,646</b>
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)		
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>114,123</b>	<b>104,646</b>

**Part III Statement of Program Service Accomplishments** (see the instructions 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? **Prof Assoc of IT Leaders supporting STEM Initiatives**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)

<b>28</b> <b>Support for STEM (Science, Technology, Engineering and Mathematics) to Students in the Memphis community to promote interest in STEM arenas that would lead to interest in Information Technology.</b> <b>Grant to Memphis Library Foundation \$10,000 and to Shelby County Schools \$10,000 for US Robotics Team</b> (Grants \$ <b>20,000</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>20,000</b>
<b>29</b> <b>Support for Memphis community programs for Teen Tech Camp summer camp activities to explore computer technology to inspire interest in academic curricula leading to technology-related careers.</b> <b>Grants to Memphis Library and DeSoto County Library for Teen Tech Camp: Girls Get IT \$1,010</b> (Grants \$ <b>8,500</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>9,813</b>
<b>30</b> <b>Monthly chapter meetings of Information Technology Leaders in Memphis area to provide opportunities for networking and learning environments that prepare CIOs to function as effective leaders in the business community and prepare IT managers to become CIOs.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>35,976</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>65,789</b>

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARIO SIMMONS PRESIDENT	5			
MICHAEL JONES VICE PRESIDENT	3			
JAMES BOYD TREASURER	2			
DANITA MACON COMMUNITY OUTREACH CHAIR	3			
BOB JOHNSON PROGRAM CHAIRMAN	4			
JARRETT MORGAN STRATEGY SERIES CO-CHAIRMAN	5			
KEVIN MORGAN STRATEGY SERIES CO-CHAIRMAN	3			
DARRELL PRICE MARKETING CHAIRMAN	3			
JANA BRANHAM MEMBERSHIP CO-CHAIR	3			
SUSAN CALDWELL MEMBERSHIP CO-CHAIR	9	3,277		
RICK PRIDE SIM INTERNATIONAL LIASIAN	3			
DICK VANDENBERG PAST PRESIDENT	2			

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	✓
<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) . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	✓
<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 . . . . .	<b>36</b>	✓
<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? . . . . .	<b>37b</b>	✓
<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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<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>	✓
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>		
<b>42a</b> The organization's books are in care of ▶ <b>JAMES C. BOYD, TREASURER</b> Telephone no. ▶ <b>901-756-7359</b> Located at ▶ <b>2379 OAK TRAIL DRIVE, GERMANTOWN, TENNESSEE</b> ZIP + 4 ▶ <b>38139-6410</b>		
<b>b</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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶	<b>42c</b>	✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<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 . . . . .	<b>44a</b>	✓
<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 . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<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>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>b</b> 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 instructions) . . . . .	<b>45b</b>	✓

- 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
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		<input checked="" type="checkbox"/>
<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b>		<input checked="" type="checkbox"/>
<b>49b</b>		<input checked="" type="checkbox"/>

- 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>49b</b>		<input checked="" type="checkbox"/>
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- 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

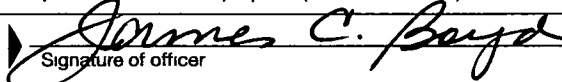
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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>		<b>5-29-2015</b>
	Signature of officer <b>James C. Boyd, Treasurer</b>	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

**Statement of Reasonable Cause for Late Filing**

**SOCIETY FOR MANAGEMENT INFORMATION SYSTEMS—MEMPHIS CHAPTER**  
**Employer ID Number 58-1805261**

**Form 990EZ—Short Form Return of Organization Exempt From Income Tax**  
**For the Year Ended December 31, 2014**

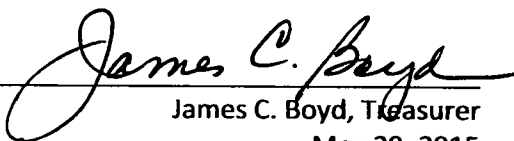
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**Recital of Facts.** The 2014 Form 990EZ for the Society for Management Information Systems—Memphis Chapter (SIM—Memphis) is being mailed on May 29, 2015, without an appropriate request for extension.

**Reasonable Cause.** The not-for-profit corporation is an association of information technology professionals providing networking and professional education opportunities for technology professionals. All officers are volunteers with full-time professional careers – there are no employees of the organization. These professionals are good at information technology, not at accounting and compliance.

I thought that the request for extension was being prepared by someone else. Lo and behold, on May 20, I found out that it had not been filed. The next course of action was to scramble to complete the reconciliations for the year and get the return prepared. The complete return is being filed on May 29, 2015.

**Request for Abatement.** On behalf of the Board of Directors of the Society for Management Information Systems—Memphis Chapter, and recognizing that this statement is being made under penalties of perjury, I respectfully request abatement of the penalties for late filing for the 2014 return.

  
James C. Boyd, Treasurer  
May 29, 2015