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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)

2015

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 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C</b> Name of organization Society for Information Management Portland Chapter	<b>D</b> Employer identification number 93-1316927
Number and street (or P O box, if mail is not delivered to street address) 818 SW 3rd Ave PMB 112	<b>E</b> Telephone number (971) 258-2499
City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97204	<b>F</b> Group Exemption Number ► 3701

**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: ► [www.simpdx.org](http://www.simpdx.org)**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 ► \$ 174,101**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 . . . . . 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	108,900
	2 Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	3 Membership dues and assessments . . . . .	<b>3</b>	46,880
	4 Investment income . . . . .	<b>4</b>	101
	5a Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	b Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	b Gross income from fundraising events (not including \$ <u>106,900</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the <input checked="" type="checkbox"/> sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	18,220
	c Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	43,434
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	-25,214
	7a Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	b Less cost of goods sold . . . . .	<b>7b</b>	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	8 Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	<b>9</b>	130,667
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	6,500
	11 Benefits paid to or for members . . . . .	<b>11</b>	
	12 Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	13 Professional fees and other payments to independent contractors . . . . .	<b>13</b>	3,206
	14 Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	15 Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	16 Other expenses (describe in Schedule O) . . . . .	<b>16</b>	49,242
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	<b>17</b>	58,948
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	71,719
	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) . . . . .	<b>19</b>	75,186
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	<b>21</b>	146,905



**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
33		No
34		No
35a		No
35b		No
35c		No
36		No
37a	37a	
b	37b	No
38a		No
b	38b	
39		
a	39a	0
b	39b	0
40a		
section 4911		
section 4912		
section 4955		
b	40b	
c		
d		
e	40e	No
41		
42a	Telephone no	(971) 258-2499
Located at	ZIP + 4	972042405
b	42b	No
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c	42c	No
If "Yes," enter the name of the foreign country		
43	43	
44a		
44b		No
44c		No
d	44d	No
45a		No
45b		No

**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
46		No

**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

	Yes	No
47		
48		
49a		
49b		

**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

**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?

**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

**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.

**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>	***** Signature of officer Wilfred Wu Treasurer Type or print name and title	2016-08-16 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Thomas L Strong	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00443464
	Firm's name ► YOUNG AND COMPANY CPAS			Firm's EIN ►	
	Firm's address ► 11200 SW ALLEN BLVD STE 100 BEAVERTON, OR 970054823			Phone no (503) 646-4800	

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

## Additional Data

**Software ID:** 15000324  
**Software Version:** 2015v2.0  
**EIN:** 93-1316927  
**Name:** Society for Information Management  
Portland Chapter

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

2015

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
Society for Information Management  
Portland Chapter

Employer identification number

93-1316927

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**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  Yes  No services?

**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 col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on 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 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>Golf Tournament</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	125,120			125,120
2 Less Contributions . . . . .	106,900			106,900
3 Gross income (line 1 minus line 2) . . . . .	18,220			18,220
<b>Direct Expenses</b>				
4 Cash prizes . . . . .	5,000			5,000
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .	23,717			23,717
7 Food and beverages . . . . .	600			600
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	14,117			14,117
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				43,434 ►
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				-25,214 ►

**Part III Gaming.**

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash 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 Subtract line 7 from line 1, column (d) . . . . .				►

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

Yes  No

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

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 conduct 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 conducted in

13a	%
13b	%

**a** The organization's facility

**b** An outside facility

**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 contract 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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).

Return Reference

Explanation

**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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
Society for Information Management  
Portland Chapter**Employer identification number**

93-1316927

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 8	Class of Activity SCHOLARSHIP   Donee's Name BUSINESS EDUCATION COMPACT   Donee's Address 12655 SW CENTER STREET STE 430 BEAVERTON OR 97005   Relationship of Donee N/A   Cash Amount Given \$6500
Other Expenses 1009	Depreciation \$29
Other Expenses 1	MEETING NIGHT EXPENSES \$20288
Other Expenses 2	SIMI MEMBERSHIP DUES EXPENSE \$19200
Other Expenses 3	BOARD EXPENSES \$4921
Other Expenses 4	CREDIT CARD FEES \$4800
Other Expenses 5	BANK CHARGES \$4
Other Assets 1003	Machinery and Equipment - Beginning \$29 Machinery and Equipment - Ending \$0