

Form 990EZ

Department of the
Treasury
Internal Revenue Service

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)

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

► Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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 Portland Chapter	D 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	E Telephone number (971) 258-2499
City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97204	F 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.simnet.orgJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ► (insert no) 4947(a)(1) or 527K 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 ► \$ 124,309

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	89,447
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	30,043
4 Investment income	4	89
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	0
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 \$ 71,647 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	4,730
c Less direct expenses from gaming and fundraising events	6c	42,034
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-37,304
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	0
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	82,275
10 Grants and similar amounts paid (list in Schedule O)	10	85,600
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	2,017
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	55,900
17 Total expenses. Add lines 10 through 16 ►	17	143,517
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-61,242
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	136,004
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	74,762

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	136,004	22 74,762
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	136,004	25 74,762
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	136,004	27 74,762

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?

Leadership development of members

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

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here ▶

28a

29 See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here ▶

29a

30

(Grants \$)

If this amount includes foreign grants, check here ▶

30a

31 Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here ▶

31a

32 Total program service expenses (add lines 28a through 31a)

32

49,235

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
Brad Denney	2 00	0		
Education				
Bill Malone	2 00	0		
Treasurer				
Bud Borja	2 00	0		
Secretary				
Pradeep Kumar	2 00	0		
Past President				
Tracey Humphreys	2 00	0		
Marketing Dir				
Mark Wehrmeister	2 00	0		
President				
Richard Appleyard	2 00	0		
Program Dir				
John Boone	2 00	0		
Membership Dir				
Lisa Harper	2 00	0		
Meeting/Events				
Dana Jiaocletti	2 00	0		
Asst Treasurer				
John Pierce	2 00	0		
Trustee				

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

33 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 33 No

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) 34 No

35a 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)? 35a No

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 35b No

c 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 35c No

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 36 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b No

b Did the organization file **Form 1120-POL** for this year? 37b No

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? 38a No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a 0

39 Section 501(c)(7) organizations Enter 39b 0

a Initiation fees and capital contributions included on line 9 39a 0

b Gross receipts, included on line 9, for public use of club facilities 39b 0

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b 40c 40d 40e No

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 40b 40c 40d 40e No

c 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 ► 40b 40c 40d 40e No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40b 40c 40d 40e No

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 40b 40c 40d 40e No

41 List the states with which a copy of this return is filed ► 41 42a 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z 42aa 42ab 42ac 42ad 42ae 42af 42ag 42ah 42ai 42aj 42ak 42al 42am 42an 42ao 42ap 42aq 42ar 42as 42at 42au 42av 42aw 42ax 42ay 42az 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 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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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	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 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

Sign Here	***** Signature of officer	2019-11-14 Date			
	Tatyana Corban Treasurer Type or print name and title				
Paid Preparer Use Only	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 ► 46-4051621
	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 ► Yes No

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 93-1316927
Name: Society for Information Management
Portland Chapter

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

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.)
<p>28 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 \$ 12,833)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

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

<p>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.</p>	<p>Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>29 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 \$ 36,402)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a</p>

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name 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.

- 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

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 Golf Tournament (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	76,377			76,377
2 Less Contributions	71,647			71,647
3 Gross income (line 1 minus line 2)	4,730			4,730
Direct Expenses				
4 Cash prizes	200			200
5 Noncash prizes	13,788			13,788
6 Rent/facility costs	12,400			12,400
7 Food and beverages	5,999			5,999
8 Entertainment	630			630
9 Other direct expenses	9,017			9,017
10 Direct expense summary Add lines 4 through 9 in column (d)				► 42,034
11 Net income summary Subtract line 10 from line 3, column (d)				► -37,304

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))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
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?

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 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

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 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 provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**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 3	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 \$22500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 5	Class of Activity SCHOLARSHIP FUND Donee's Name WASHINGTON STATE UNIVERSITY FOUNDATION Donee's Address 14204 NE SALMON CREEK AVE VANCOUVER WA 98686 Relationship of Donee NONE Cash Amount Given \$22500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 6	Class of Activity SCHOLARSHIP FUND Donee's Name OREGON STATE UNIVERSITY Donee's Address 2571 SW Jefferson Way CORVALLIS OR 97331 Relationship of Donee NONE Cash Amount Given \$40000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$32

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$2810

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MEETING NIGHT EXPENSES \$36402

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	BOARD EXPENSES \$12833

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MARKETING \$2466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	CREDIT CARD FEES \$1307

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	LICENSES & FEES \$50