

Form **990EZ**


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 instructions and the latest information.

OMB No. 1545-1150

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
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
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
818 SW 3rd Ave PMB 383
City or town, state or province, country, and ZIP or foreign postal code
Portland, OR 97204

D Employer identification number
93-1316927
E Telephone number
(971) 258-2499
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.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 ▶ \$ 128,824

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	92,406
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	33,440
	4	Investment income	4	67
	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 \$ 79,406 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	2,911
	c	Less: direct expenses from gaming and fundraising events	6c	32,340
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-29,429
	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	96,484

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	46,200
	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	1,925
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	67,409
	17	Total expenses. Add lines 10 through 16 ▶	17	115,534
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,050
	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	74,762
	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	55,712

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	74,762	22	59,492
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	74,762	25	59,492
26 Total liabilities (describe in Schedule O).		26	3,780
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,762	27	55,712

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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
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) <input checked="" type="checkbox"/>	32	55,953

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
Mark Wehrmeister	2.00	0		
President				
Tatayana Corban	2.00	0		
Treasurer				
Bud Borja	2.00	0		
Secretary				
Dana Jiacoletti	2.00	0		
Asst. Treasurer				
Richard Appleyard	2.00	0		
President Elect				
Tony Alferez	2.00	0		
Programs Dir.				
Jeff Honsowetz	2.00	0		
Education Dir.				
John Boone	2.00	0		
Membership Dir.				
Jeff Krueger	2.00	0		
Marketing Dir.				
Pradeep Kumar	2.00	0		
Past President				
Steve Hufford	2.00	0		
Trustee				
Lisa Harper	2.00	0		
Meeting & Event				

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 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	
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		
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	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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	
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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40e	No
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Tatyana Corban</u> Telephone no. ▶ <u>(971) 258-2499</u>		
Located at ▶ <u>818 SW 3rd Ave PMB 383 Portland, OR</u> ZIP + 4 ▶ <u>972042405</u>		
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)?	42b	No
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).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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)	45b	No

		Yes	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.		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	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?		
49b	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.

Sign Here	***** Signature of officer		2020-10-12 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: 19009920
Software Version: 2019v5.0
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.)	
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 \$ 4,901) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	

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.)
<div>29</div> <div>MEETINGS TO PROVIDE FORUM FOR ALL ASPECTS OF INFORMATION MANAGEMENT INCLUDING PRESENTATIONS BY LEADING PROFESSIONALS AND AN OPPORTUNITY TO EXCHANGE IDEAS CONCERNING INFORMATION MANAGEMENT.</div> <div>(Grants \$ 51,052)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div> <div></div>

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	82,317			82,317
	2 Less: Contributions	79,406			79,406
	3 Gross income (line 1 minus line 2)	2,911			2,911
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,729			1,729
	6 Rent/facility costs	26,030			26,030
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,581			4,581
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				32,340
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-29,429	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	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: _____

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
Society for Information Management
Portland Chapter

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

93-1316927

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000.1	Class of Activity: SCHOLARSHIP FUND Donee's Name: OSU FOUNDATION Donee's Address: BEXE LL HALL 200 CORVALLIS OR 97331 Relationship of Donee: NONE Cash Amount Given: \$17500

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: \$10000

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: \$10000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000.10	Class of Activity: SCHOLARSHIP - RLF Donee's Name: SIM NATIONAL Donee's Address: 1120 Route 73, Ste 200 Mount Laurel NJ 08054 Relationship of Donee: Affiliate Cash Amount G iven: \$6000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$472

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1005	Travel \$3252

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	MEETING NIGHT EXPENSES \$51052

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	MARKETING \$6293

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	BOARD EXPENSES \$4901

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	CREDIT CARD FEES \$753

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	EDUCATION \$595

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	LICENSES & FEES \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	WEBSITE \$41

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	MEMBER DEPOSITS - PREPAID MEALS - Beginning \$0 MEMBER DEPOSITS - PREPAID MEALS - Ending \$3780