

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](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**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: SIM San Diego Chapter  
Number and street (or P O box, if mail is not delivered to street address): 640 Grand Avenue  
Room/suite: [blank]  
City or town, state or province, country, and ZIP or foreign postal code: Carlsbad, CA 92008

D Employer identification number: 45-2565962  
E Telephone number: (760) 505-6886  
F Group Exemption Number: [blank]

G Accounting Method:  Cash  Accrual Other (specify) [blank]

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

I Website: [HTTPS://CHAPTER.SIMNET.ORG/SANDIEGO/HOME](https://chapter.simnet.org/sandiego/home)  
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 [blank]

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. Total: \$ 94,315

**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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	77,520
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	16,795
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	0
6c	Less direct expenses from gaming and fundraising events	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	94,315
10	Grants and similar amounts paid (list in Schedule O)	26,015
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	75
16	Other expenses (describe in Schedule O)	29,370
17	<b>Total expenses.</b> Add lines 10 through 16	55,460
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	38,855
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)	30,058
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	68,913

**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 . . . . .	30,058	<b>22</b> 68,913
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	30,058	<b>25</b> 68,913
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	30,058	<b>27</b> 68,913

**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?  
 TO PROMOTTE AND FOSTER THE DEVELOPMENT OF INFORMATION TECHNOLOGY FOR THE IMPROVEMENT OF MANAGEMENT PERFORMANCE THE CORPORATION WILL SERVE ITSELF AS A COHESIVE GROUP WITH A COMMON VOICE IN REGARDS TO ITS INTERESTS

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"/>	<b>28a</b>
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</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
Steve Phillpott President	2 00	0		
Pete Dillon Vice President	2 00	0		
Barb Munro Member Chair	2 00	0		
Yasmin Shah Marketing Chair	2 00	0		
Doug Cyphers Secretary	2 00	0		
Bob Cohen Treasurer	2 00	0		
Shelly Selvaraj Program Chair	2 00	0		
Paul Peabody Academic Liason	2 00	0		

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 45-2565962

**Name:** SIM San Diego 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><b>28</b> THE CHAPTER IS ORGANIZED FOR THE EDUCATIONAL PURPOSE OF FOSTERING THE DEVELOPMENT OF INFORMATION TECHNOLOGY FOR THE IMPROVEMENT OF MANAGEMENT PERFORMANCE, AS CONSISTENT WITH THE PURPOSE OF THE SOCIETY FOR INFORMATION MANAGEMENT THE CHAPTER IS CHARTERED BY THE SOCIETY FOR INFORMATION MANAGEMENT AND IS RESPONSIVE TO THE SOCIETY'S RULES</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
SIM San Diego Chapter

Employer identification number

45-2565962

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name MULTIPLE RECIPIENTS NOT EXCEEDING \$5K   Donee's Address 640 Grand Avenue Suite D Carlsbad CA 92008   Cash Amount Given \$26015

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	CREDIT CARD FEES/CHARGES \$1231

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 4	INFORMATION SERVICES \$216