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SCANNEW MAI 1 1 LON

Form **990-EZ**

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

			ar year	, or tax year beginnin		9 - (, 2008, and en		8	- 7	3 , 20 0 9
B Check if applicable		Please	C Name of organization	ST LOUIS C	HAPTER .	DF THE	RISK	D Emplo	yer ide	entification number	
X	Address	•	use IRS label or	AND INSURAN	SCE MAN	AGE MEN	TSOCIETY.	INCI	51	: 01	155977
님	Name cha	-	print or					Room/suite	E Telepi	hone n	number
H	Initial retu Terminate		type. See	Number and street to NEBE	Ela Lot	HERAN C	HURCH -		(314	L, C	196-1428
H	Amended		Specific	City or town, state or	country and ZIP) + 4	SOUD RIDI				
H		on pending	Instruc- tions.	ST LOUIS	MAG	J6312)		F Group Numb		iption N/A
=					no no vomet ob	- 0, 0	= vot ottock	G Asso			V 0
	- 00011	1011 30 1(C)(3)		ations and 4947(a)(1) : inpleted Schedule A (F			must attacn	4	(specify)		Cash
_				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
1	Websit	te: ▶									organization is not
	website: ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF).										
											405.000.4
				on is not a section 509(a ization chooses to file a				pts are non	mally not i	more t	than \$25,000. A return is
				ne 9 to determine gross			· · · · · · · · · · · · · · · · · · ·	ead of Form	000_E7	▶ \$	
	art I			nses, and Change							for Dort I.)
					-		iu balances	(See the	mstruct	T	
	1		_	s, grants, and similar a						1	14262,00
	2			revenue including go	vernment fee	s and contrac	ts			2	8
	3		-	s and assessments						3	6874.66
	4	Investment	incom	ne						4	
	5a	Gross amo	unt fro	m sale of assets oth	er than inven	tory					
	Ь	Less: cost	or other	er basis and sales ex	kpenses .		5 b			İ	~
ø	С	Gain or (los	s) from	sale of assets other th	nan inventory (Subtract line 5	b from line 5a) (a	attach sch	edule).	5c	<u> </u>
Ž	6	Special events	and acti	vities (complete applicable	parts of Schedule	G). If any amount	is from gaming, ch	neck here 🕨	. 🗆		
Revenue	а	Gross reve	nue (n	ot including \$	la -	of contribut	ions _		2 00		
æ		reported of	n tine 1	\J. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>,\</u>		ל 6a	4285	> ,00		
	b	Less: direc	t_expe	nses other than fund	kaising expen	nses	6b 2	<u> 7231</u>	<u>t. 63</u>		45 6 75
	C			ss) from special ever			line 6b from lir	ne 6a) .		6c	27050,37
	7a			ventory, less returns			7a	Ø			
	Ь			ds seld-NJ.			7b	Ø			
	c			ss) from sales of inv	entory (Subtr	act line 7b fro	m line 7a)			7c	\wp
	8	Other reve			, , , , , , , , , , , , , , , , , , , ,					8	B
_	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5	c, 6c, 7c, and	18			▶	9	48 187.03
	10	Grants and	l simila	r amounts paid (atta	ch schedule)					10	30 077.00
	111			or for members						11	Ø.
S	12	•		mpensation, and em	plovee benef					12	Ø
S	13			and other payments						13	Ø
Expenses	14							14	X		
Ŋ	15	Printing n	iblicati	one poetage and el	ninning				`	15	382.78
	16	Other expe	nses (describe ► Many	HLY MEE	TINGS/	MISC, EX	PENS	ER	16	20007,99
	17	Total expe	nses.	Add lines 10 through	າ 16	<u> </u>	<u> </u>		. •	17	,50467,77
g	18	Excess or	(deficit)	for the year (Subtra						18	(2280,74)
Net Assets	19			nd balances at begin		•					
As				e reported on prior y						19	14014,91
et	20	Other char	iges in	net assets or fund b	palances (atta	ch explanation	1)			20	8
<u>z</u>	21	Net assets	or fun	d balances at end of	f year. Combi	ne lines 18 th	rough 20	<u>.</u>	▶ [21	11734,17
P	art II	Balance S	Sheets	s. If Total assets on	line 25, colun	nn (B) are \$2,5	500,000 or mor	re, file For	m 990 in	stead	of Form 990-EZ.
			(S	See the instructions f	or Part II.)				ginning of y		(B) End of year
22	Cast	h, savings, a	ind inv	estments				140	14.7	2	2 11734,17
23	35						23				
24		Other assets (describe						24 🛇			
25	1 1 0 111						9125 1173417				
26	Tota	al liabilities (describ	oe ▶					<u>a</u> —	20	
27	Net	assets or f	und ba	lances (line 27 of co	olumn (B) mus	st agree with	line 21)	140	149		
E0.				k Reduction Act Notic				Cat No.	106401		5om 990-F7 (2009)

~~~	990-EZ	(OOOO)
GIII	33U-EZ	120001

Page	2

Pa	Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses									
Wh	nat is the organization's primary exempt purpose? $\underline{\mathcal{E}}$				(Rec	ured for 501(c)(3)				
	scribe what was achieved in carrying out the organization				and	(4) organizations 4947(a)(1) trusts;				
des	scribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others.)				
28										
	(Grants \$ ) If this amount incli				28a					
29										
				<u></u>						
	(Grants \$ ) If this amount incli	10.00			29a					
30		•••••								
	(Create © ) 16 thus are such in all		L							
31	(Grants \$ ) If this amount inclined Other program services (attach schedule)	udes foreign grants, check			30a					
٠.	(Grants \$ ) If this amount incli				31a					
32	Total program service expenses (add lines 28a th	arough 31a)	<u> 11616</u>	•	32					
	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins		ons for Part IV.)				
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense				
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred comper		account and other allowances				
	SEE ATTACHED									
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			<del></del>							
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Pai	t V Other Information (Note the statement requirements in the instructions for Part VI.)		
			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	χ
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b	X
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 unpaid at the start of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a	×
39	Section 501(c)(7) organizations. Enter:	7 1	
а	Initiation fees and capital contributions included on line 9	_	
b	Gross receipts, included on line 9, for public use of club facilities	<b> </b>	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
·C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
đ	Enter amount of tax on line 40c reimbursed by the organization ▶ ₩ ↓ β	1 1	į į
е	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	X
41	List the states with which a copy of this return is filed.   MISSOUR!		· · · · · · · · · · · · · · · · · · ·
42a	The books are in care of ► DENISE WEBB Telephone no. ► (314)  Located at ► 1333 S. KIRKWOODRA, ST LOUIS MO ZIP + 4 ► 63	122	1-1428
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:	42b	Yes No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. ▶□
		Ţ	Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	×

Pari	and complete the tables for lines 50 a		organizations mu	ist answer questi	ons 40	5–49	
 46	Did the organization engage in direct or indirect		es on behalf of or i	n opposition to		Yes	No
	candidates for public office? If "Yes," complete s				46		
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	edule C, Part II .		47		L
48	Is the organization operating a school as describ	ed in section 170(b)(1)(A)(i	i)? If "Yes," compl	ete Schedule E .	48		
49a	Did the organization make any transfers to an ex	empt non-charitable relate	ed organization?		49a		
b	If "Yes," was the related organization(s) a section	n 527 organization?			49b		L
	Complete this table for the five highest compense each received more than \$100,000 of compensa				emplo	yees	) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount ar allowar	nd
	N/A						
		4					
Total	number of other employees paid over \$100,000 ▶	<u> </u>					
	compensation from the organization. If there is n  (a) Name and address of each independent contractor		(b) Ty	/pe of service	(c) Con	pensa	tion
	NHA						
						_	
Total	number of other independent contractors each i	receiving over \$100,000 .	. ▶				
Sign			er) is based on all infor				
Here 	DENISE WEBB Type or print name and title	TREASURE	'R				
Paid Prepa	Preparer's signature	Date	Check if self- employed I	Preparer's Identifying	Number (S	See instr	uctions)
Use C	I Firm's name (or yours L			EIN ►			
	address, and ZIP + 4			Phone no ► ( )			
May 1	the IRS discuss this return with the preparer sho	wn above? See instruction	ns		orm <b>99</b> 6		(2008)

ST. LOUIS CHAPTER OF THE RISK AND INSURANCE MANGEMENT SOCIETY, INC. EIN - 51-0155977 FORM 990-EZ (2008) ATTACHMENT

PART 1, LINE 60, 60, 60 GROSS EXPENSES NET

GOLF OUTING 54285, \$27234.63 \$27050.37

PART 1 LINE 10 d 1500, BOYS HOPE GIRLS HOPE £1037, STLOVIS FOOD BANK \$ 1000. FEED MY PEOPLE \$ 1000, BETTER FAMILY LIFE \$ 540. CARDINAL CARE \$ 5000, SPENCER EDUCATIONAL FOUNDATION \$ 10000, MISSBURI STATE UNIVERSITY FOUNDATION 410000 ILLINOIS STATE UNIVERSITY FOUNDATION \$ 30 077,

PART 3 - ALL GRANTS FOR SCHOLARSHIP ENDOWMENTS
PART 4 - 2009 CHAPTER BOARD OF DIRECTORS

THE GOLF OUTING IS IN LIEU OF MAY CHAPTER MEETING AND A SPECIAL EVENT SOCELY TO RAISE FUNDS FOR SCHOLARSHIP ENDWMENTS AT THE RECIPRIENT ORGANIZATIONS,

## RIMS-St. Louis Chapter 2009-2010 Board of Directors

Name	Position	Company	Contact Information	Current
Bruce Lane	President	BJC HealthCare		Bruce Lane
		600 S. Taylor Avenue	bml5887@bjc.org	
		Suite 154	w: 314-286-0654	
<del></del>		St. Louis, MO 63110	c: 314-482-2577	<del> </del>
Jeanie Wescott	Vice	Sigma-Aldrich	jeanie.wescott@sial.com	Lamar Agard
	President	3050 Spruce Street	w: 314-286-7411	
		St. Louis, MO 63103	c: 314-239-9538	
Vicki Nation	Secretary	Metro	vnation@metrostlouis.org	Vicki Nation
		707 N. First St., Mailstop 130	w: 314-982-1400 ext. 2340	VIONI I VIII OII
		S. Louis, MO 63102	c: 314-713-2348	
Denise Webb	Treasurer	Lutheran Church-MO Synod	danisa wahh@lama ara	Jeanie Wescott
Demse webb	Treasurer	1333 S. Kirkwood Road	denise.webb@lcms.org w: 314-996-1428	Jeanie wescou
		St. Louis, MO 63122	c: 314-517-6910	
		5t. Louis, WO 03122	C. 314-317-0910	
Joshua Rentfrow	Membership	Express-Scripts	igrentfrow@express-scripts.com	Denise Webb
	Director	One Express Way –HQ2N01	w: 314-810-3129	
	<u> </u>	St. Louis, MO 63121	c: 618-975-0265	
Susan Doerge	Webmaster	Solutia, Inc.	sedoer@solutia.com	Susan Doerge
Susuii Booigo	Wednuster	P.O. Box 66760	w: 314-674-4520	Susan Doorge
		St. Louis, MO 63166-6760	c: 314-941-3036	
V -4h D.:44:	Education	A1. C 1 I	KD :w: O I I	K 4 D '4'
Kathy Brittin	Director	Arch Coal, Inc. 1 City Place Dr., Ste 300	KBrittin@archcoal.com w: 314-994-2800	Kathy Brittin
	Director	St. Louis, MO 63141	c: 314-994-2800	
	<del> </del>	St. Louis, MO 63141	C. 314-900-8180	
Linda Bagby	RIMS	Graybar Electric	Linda.Bagby@graybar.com	David Jones
	Delegate	34 N. Meramec Ave.	w: 314-573-9226	
		St. Louis, MO 63105	c: 314-808-6344	
David Jones	Past	Everess Soriets	dianas I @aynrass sorints com	Linda Bachy
David Julies	President	Express-Scripts One Express Way –HQ2N01	djones1@express-scripts.com w: 314-810-3130	Linda Bagby
	1 resident	St. Louis, MO 63121	c: 314-810-3130	
	<del> </del>	5t. Louis, 14t0 05121	C. 314-700-1900	<del></del>
Allan Goldberg	Education	Emeritus	aag21@sbcglobal.net	Allan Goldberg
	Advisor*	201 Wildhorse Springs Ct.	h: 636-530-1541	
		Chesterfield, MO 63005	c: 314-420-9533	

^{*}Advisory - Consultant/Honorary position rather than a D or O position