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## CHANGE OF ACCOUNTING PERIOD

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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)

OMB No 1545-1150

2009

Open to Public  
Inspection► 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 \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending DEC 31, 2009

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization <b>RISK &amp; INSURANCE MANAGEMENT SOCIETY INC. CHICAGO CHAPTER</b>	D Employer identification number <b>36-6109306</b>
	Number and street (or P.O. box, if mail is not delivered to street address) <b>325 WAUKEGAN ROAD</b>	E Telephone number <b>847-832-7443</b>
	City or town, state or country, and ZIP + 4 <b>NORTHFIELD, IL 60093</b>	F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►I Website: ► **WWW.CHICAGO.RIMS.ORG**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)J Tax-exempt status (check only one) —  501(c) (6) ◀ (insert no.)  4947(a)(1) or  527  
K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 96,416.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 <b>1,416.</b>
3 Membership dues and assessments	3 <b>13,100.</b>
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a <b>80,160.</b>
b Less: direct expenses other than fundraising expenses	6b <b>47,312.</b>
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c <b>32,848.</b>
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► SEE STATEMENT 2 )	8 <b>1,740.</b>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 <b>49,104.</b>
10 Grants and similar amounts paid (attach schedule)	10 <b>20,500.</b>
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 <b>775.</b>
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 <b>1,083.</b>
16 Other expenses (describe ► SEE STATEMENT 1 )	16 <b>17,420.</b>
17 Total expenses. Add lines 10 through 16	17 <b>39,778.</b>
18 Excess or (deficit) for the year (Subtract line 9 from line 17)	18 <b>9,326.</b>
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 <b>175,667.</b>
20 Other changes in net assets or fund balances (attach explanation)	20 <b>4,779.</b>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <b>189,772.</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	166,134.	22 <b>175,299.</b>
23 Land and buildings		23
24 Other assets (describe ► <b>FIDELITY GROWTH MUTUAL FUND</b> )	9,533.	24 <b>14,473.</b>
25 Total assets	175,667.	25 <b>189,772.</b>
26 Total liabilities (describe ► )	0.	26 <b>0.</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	175,667.	27 <b>189,772.</b>

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

## RISK &amp; INSURANCE MANAGEMENT SOCIETY INC.

Form 990-EZ (2009)

## CHICAGO CHAPTER

36-6109306

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? <u>SEE STATEMENT 6</u>	
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
<b>28 TO CREATE A HIGHLY EFFECTIVE INTERACTIVE COMMUNICATIONS SYSTEM TO ELICIT, UNDERSTAND AND RESPOND TO MEMBER AND CHAPTER NEEDS.</b>	
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
<b>29 TO SET DIRECTION AND DELIVER RELEVANT RISK MANAGEMENT MANAGEMENT EDUCATIONAL OPPORTUNITIES.</b>	
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
<b>30 TO ACTIVELY ADVOCATE MEMBER'S INTERESTS AND TO BE THE RISK MANAGEMENT AUTHORITY ON A BROAD ARRAY OF BUSINESS RISKS.</b>	
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
<b>31 Other program services (attach schedule)</b>	
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
<b>32 Total program service expenses (add lines 28a through 31a)</b>	► 32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALAN KUBITZ, 3010 HIGHLAND PARKWAY, SUITE 400, DOWNTOWN GROVE, IL 60515	PRESIDENT 5.00	0.	0.	0.
JULIE BEAN 845 LARCH AVENUE, ELMHURST, IL 60126	VICE PRESIDENT 5.00	0.	0.	0.
TERRY SAMPSON, 116 S. MICHIGAN AVENUE, 7TH FLOOR, CHICAGO, IL 60603	IMMEDIATE PAST PRESIDENT 5.00	0.	0.	0.
GEORGE M. GOGOLA, 325 WAUKEGAN ROAD, NORTHFIELD, IL 60093	TREASURER 5.00	0.	0.	0.
PATTY GRASS, 1 N. FIELD COURT, LAKE FOREST, IL 60045	SECRETARY 5.00	0.	0.	0.
LARRY DEGER, 200 S. WACKER DRIVE, SUITE 1000, CHICAGO, IL 60606	DIRECTOR 2.00	0.	0.	0.
DORA PISANO, 3600 W. LAKE AVENUE, GLENVIEW, IL 60025	DIRECTOR 2.00	0.	0.	0.
SCOT SCHWARTZING, 2000 N M-63, MAIL DROP 1706, BENTON HARBOR, MI 49022	DIRECTOR 2.00	0.	0.	0.
JULIA SFURM, 2222 CAMDEN COURT, OAK BROOK, IL 60523	DIRECTOR 2.00	0.	0.	0.
CARLOS SINTES, 100 GRAINGER PARKWAY, LAKE FOREST, IL 60045	DIRECTOR 2.00	0.	0.	0.
CINDY SLUBOWSKI 3 LAKES DRIVE, NORTHFIELD, IL 60093	DIRECTOR 2.00	0.	0.	0.
KATHERINE CARBON, 100 N. RIVERSIDE, MC 5003-3357, CHICAGO, IL 60606	DIRECTOR 2.00	0.	0.	0.
MICHAEL FITZPATRICK, 1475 E. WOODFIELD RD, #1300, SCHAUMBURG, IL 60173	DIRECTOR 2.00	0.	0.	0.
PATRICIA S. MORGRET, 275 N. FIELD DRIVE, LAKE FOREST, IL 60045	DIRECTOR 2.00	0.	0.	0.

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**RISK & INSURANCE MANAGEMENT SOCIETY INC.**  
**CHICAGO CHAPTER**

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**Part V Other Information** (Note the statement requirements in the instructions for Part V)

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? 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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year?	35a	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b 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 outstanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	X
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	38b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	39a	N/A
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	39b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40c	N/A
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	X
41 List the states with which a copy of this return is filed. ► <u>NONE</u>		
42a The organization's books are in care of ► <u>GEORGE GOGOLA, COLLEGE OF AM</u> Telephone no. ► <u>847-832-7443</u> Located at ► <u>325 WAUKEGAN ROAD, NORTHFIELD, IL</u> ZIP + 4 ► <u>60093</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)? If "Yes," enter the name of the foreign country: ► <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► <u>43</u>	42c	X
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	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 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	X

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**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes  No   
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  
b If "Yes," was the related organization a section 527 organization? 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 address of each employee paid more than \$100,000 <b>N/A</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

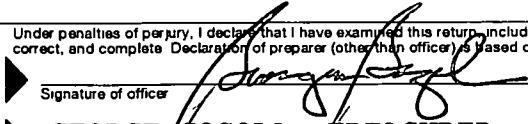
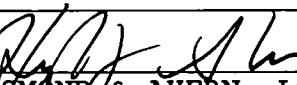
f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

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."

**N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

Sign Here	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		
	4/11/10		
	Date		
► Signature of officer  ► <b>GEORGE GOGOLA, TREASURER</b> ► Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► 	Date <b>04/07/10</b>	Check if self-employed <input type="checkbox"/>
	► Firm's name (or yours if self-employed). 10827 S. WESTERN AVENUE CHICAGO, IL 60643-3206		
► EIN ► <b>(773) 779-4720</b>		► Phone no <b>(773) 779-4720</b>	

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

►  Yes  No

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Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to 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. ► See separate instructions.

Name of the organization **RISK & INSURANCE MANAGEMENT SOCIETY INC.  
CHICAGO CHAPTER** Employer identification number **36-6109306**

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

**2 a** 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

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

## RISK &amp; INSURANCE MANAGEMENT SOCIETY INC.

Schedule G (Form 990 or 990-EZ) 2009

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

	(a) Event #1 <b>ANNUAL GOLF OUTING</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col (a) through col (c))
				77,132.
1 Gross receipts	77,132.			77,132.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	77,132.			77,132.
4 Cash prizes				
5 Noncash prizes	430.			430.
6 Rent/facility costs	27,313.			27,313.
7 Food and beverages	13,636.			13,636.
8 Entertainment				
9 Other direct expenses	2,290.			2,290.
10 Direct expense summary Add lines 4 through 9 in column (d)				► ( 43,669 )
11 Net income summary Combine line 3, column (d), and line 10				► 33,463.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
				3,028.
1 Gross revenue			3,028.	3,028.
2 Cash prizes				
3 Noncash prizes			3,643.	3,643.
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 checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ( 3,643 )
8 Net gaming income summary Combine line 1, column (d), and line 7				► <615.>

9 Enter the state(s) in which the organization operates gaming activities IL

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain  
ILLINOIS STATE LICENSE NOT REQUIRED FOR RAFFLES.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If "Yes," explain  
\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  
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
9a	X
10a	X
11	X
12	X

## RISK &amp; INSURANCE MANAGEMENT SOCIETY INC.

Schedule G (Form 990 or 990-EZ) 2009

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Yes

No

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

13a	%
13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► GEORGE M. GOGOLAAddress ► 325 WAUKEGAN ROAD - NORTHFIELD, IL 60093

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a X

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 ► GEORGE M. GOGOLAGaming manager compensation ► \$ 0.Description of services provided ► ACCOUNTED FOR PROCEEDS OF RAFFLE. 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?

17a X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
-------------	----------------	-------------

DESCRIPTION	AMOUNT
ADMINISTRATIVE SUPPORT	285.
SERVICE FEES	2,950.
SUPPLIES	54.
CONFERENCES, CONVENTIONS, MEETINGS	10,317.
CREDIT CARD FEES	1,838.
OTHER GOLF OUTING EXPENSES	1,976.
 TOTAL TO FORM 990-EZ, LINE 16	 17,420.

FORM 990-EZ	OTHER REVENUE	STATEMENT 2
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DESCRIPTION	AMOUNT
INTEREST INCOME	1,567.
DIVIDEND INCOME	173.
 TOTAL TO FORM 990-EZ, LINE 8	 1,740.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	4,779.
 TOTAL TO FORM 990-EZ, LINE 20	 4,779.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP KATIE SCHOOL OF INSURANCE 106 B. WILLIAMS HALL NORMAL, IL 61790	NONE	11,500.
SCHOLARSHIP ILLINOIS WESLEYAN UNIVERSITY 1312 PARK STREET BLOOMINGTON, IL 61701	NONE	2,000.
SCHOLARSHIP UNIVERSITY OF WISCONSIN 975 UNIVERSITY AVENUE MADISON, WI 53706	NONE	4,000.
SCHOLARSHIP INDIANA STATE UNIVERSITY 200 N. SEVENTH STREET TERRE HAUTE, IN 47809	NONE	1,500.
SCHOLARSHIP BALL STATE UNIVERSITY 2000 W. UNIVERSITY AVENUE MUNCIE, IN 47306	NONE	1,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		20,500.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT

5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

LEADING ASSOCIATION FOR RISK MANAGEMENT PROFESSIONALS.

20520407 402354 980581

11 STATEMENT(S) 6  
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