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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 \$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.

OMB No 1545-1150

2009

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number	
		RISK & INSURANCE MANAGEMENT SOCIETY INC.		36-6109306	
		CHICAGO CHAPTER		E Telephone number	
		325 WAUKEGAN ROAD		847-832-7443	
		City or town, state or country, and ZIP + 4		F Group Exemption Number	
		NORTHFIELD, IL 60093			

• 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)

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

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.	22 175,299.
23 Land and buildings		23
24 Other assets (describe) FIDELITY GROWTH MUTUAL FUND	9,533.	24 14,473.
25 Total assets	175,667.	25 189,772.
26 Total liabilities (describe)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	175,667.	27 189,772.

832171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED MAY 19 2010

RISK & INSURANCE MANAGEMENT SOCIETY INC.

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CHICAGO CHAPTER

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 6

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

28 TO CREATE A HIGHLY EFFECTIVE INTERACTIVE COMMUNICATIONS SYSTEM TO ELICIT, UNDERSTAND AND RESPOND TO MEMBER AND CHAPTER NEEDS.(Grants \$) If this amount includes foreign grants, check here ☐ 28a29 TO SET DIRECTION AND DELIVER RELEVANT RISK MANAGEMENT MANAGEMENT EDUCATIONAL OPPORTUNITIES.(Grants \$) If this amount includes foreign grants, check here ☐ 29a30 TO ACTIVELY ADVOCATE MEMBER'S INTERESTS AND TO BE THE RISK MANAGEMENT AUTHORITY ON A BROAD ARRAY OF BUSINESS RISKS.(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses (add lines 28a through 31a) 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, DOWNERS GROVE, IL 60515	PRESIDENT	5.00	0.	0.
JULIE BEAN	VICE PRESIDENT	5.00	0.	0.
845 LARCH AVENUE, ELMHURST, IL 60126		5.00	0.	0.
TERRY SAMPSON, 116 S. MICHIGAN AVENUE, 7TH FLOOR, CHICAGO, IL 60603	IMMEDIATE PAST PRESIDENT	5.00	0.	0.
GEORGE M. GOGOLA, 325 WAUKEGAN ROAD, NORTHFIELD, IL 60093	TREASURER	5.00	0.	0.
PATTY GRASS, 1 N. FIELD COURT, LAKE FOREST, IL 60045	SECRETARY	5.00	0.	0.
LARRY DEGER, 200 S. WACKER DRIVE, SUITE 1000, CHICAGO, IL 60606	DIRECTOR	2.00	0.	0.
DORA PISANO, 3600 W. LAKE AVENUE, GLENVIEW, IL 60025	DIRECTOR	2.00	0.	0.
SCOT SCHWARTING, 2000 N M-63, MAIL DROP 1706, BENTON HARBOR, MI 49022	DIRECTOR	2.00	0.	0.
JULIA SFURM, 2222 CAMDEN COURT, OAK BROOK, IL 60523	DIRECTOR	2.00	0.	0.
CARLOS SINTES, 100 GRAINGER PARKWAY, LAKE FOREST, IL 60045	DIRECTOR	2.00	0.	0.
CINDY SLUBOWSKI	DIRECTOR	2.00	0.	0.
3 LAKES DRIVE, NORTHFIELD, IL 60093		2.00	0.	0.
KATHERINE CARBON, 100 N. RIVERSIDE, MC 5003-3357, CHICAGO, IL 60606	DIRECTOR	2.00	0.	0.
MICHAEL FITZPATRICK, 1475 E. WOOD-FIELD RD, #1300, SCHAUMBURG, IL 60173	DIRECTOR	2.00	0.	0.
PATRICIA S. MORGRET, 275 N. FIELD DRIVE, LAKE FOREST, IL 60045	DIRECTOR	2.00	0.	0.

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02-08-10

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

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes <i>See attached</i>	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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		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?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 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		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 N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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		X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of GEORGE GOGOLA, COLLEGE OF AM Telephone no. 847-832-7443 Located at 325 WAUKEGAN ROAD, NORTHFIELD, IL ZIP + 4 60093		
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)?		X
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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		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		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
- 47 Did the organization engage in lobbying activities? 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?
- b 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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	(e) Expense account and other allowances
N/A				

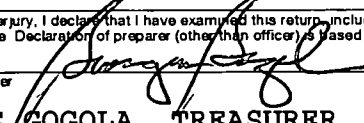

f Total number of other employees paid over \$100,000

- 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.			Date
	Signature of officer 			4.11.10
	GEORGE GOGOLA, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	04/07/10		
DESMOND & AHERN, LTD. 10877 S. WESTERN AVENUE CHICAGO, IL 60643-3206			EIN	Phone no
				(773) 779-4720

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

☒ Yes ☐ No

Form 990-EZ (2009)

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.**

Open To Public Inspection

Employer identification number	36-6109306
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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.

- 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

- ☐ Yes ☐ No

- | (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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Schedule G (Form 990 or 990-EZ) 2009

RISK & 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		ANNUAL GOLF OUTING		NONE	
		(event type)	(event type)	(total number)	
1	Gross receipts	77,132.			77,132.
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	77,132.			77,132.
Direct Expenses	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)			▶
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))
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 & INSURANCE MANAGEMENT SOCIETY INC.

Schedule G (Form 990 or 990-EZ) 2009

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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. GOGOLA

Address ► 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. GOGOLA

Gaming 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
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
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

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STATEMENT 6

LEADING ASSOCIATION FOR RISK MANAGEMENT PROFESSIONALS.