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## Form **990-EZ**

# 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)

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

For the 2014 calendar year, or tax year beginning and ending Check if applicable В C Name of organization D Employer identification number Nevada Chapter of the Risk and Insurance Address change Management Society, Inc. (RIMS) 20-4968891 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 4616 W. Sahara Ave. 123 (702) 692-4140City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Las Vegas, NV 89102 Number > Application pending X Accrual Accounting Method: Cash Other (specify) H Check X if the organization is Website: ▶ http://nevada.rims.org not required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3)  $\times$  501(c) (6) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust \_\_\_ Association 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, 74,157. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 16,918 Contributions, gifts, grants, and similar amounts received 21,992 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b 5c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than SCANNED DEC 17 2015 \$15,000) 6a 10,000. of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 35,247 gross income and contributions exceeds \$15,000) 6b 20.117. c Less: direct expenses from gaming and fundraising events 15,130. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a 7c RECEIVED Other revenue (describe in Schedule O) 8 54,040. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 935 Grants and similar amounts paid (list in Schedule O) 10 NOV 2 4 2015 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 3,600. OGDEN, UT 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 228. 15 Printing, publications, postage, and shipping 15 38,800. See Schedule O Other expenses (describe in Schedule 0) 16 16 42,628. 17 17 Total expenses. Add lines 10 through 16 11,412. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 91,494. (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 0. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 102,906.

For Paperwork Reduction Act Notice, see the separate instructions.

V

Form 990-EZ (2014)

Page 2

		(11,11,12,1			<del>0031 -</del>	- 3
Pa	art II Balance Sheets (see the instructions for Part II)					
`	Check if the organization used Schedule O to resp	ond to any ques				X
		1	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments		78,800.	+	93,1	<u>89.</u>
23	Land and buildings		10 074	23	<del></del>	
24	Other assets (describe in Schedule 0) See Schedule O	'	12,974.		11,2	
25	Total assets	ļ	91,774.		104,4	
26	Total liabilities (describe in Schedule 0) See Schedule O	'	280.		1,5	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		91,494.	27	102,9	<u>06.</u>
Pa	art III Statement of Program Service Accomplishmen	•		/Dogs	Expenses	
	Check if the organization used Schedule O to resp	oond to any ques	stion in this Part III		ured for section c)(3) and 501(c)(-	4)
Wha	t is the organization's primary exempt purpose? See Schedule O			organ	nizations, optional	
	ribe the organization's program service accomplishments for each of its three largest program s		penses in a clear and concise	other	3.)	
	er, describe the services provided, the number of persons benefited, and other relevant inform					
28	The monthly luncheon provided educa			_		
	the field of risk management. It a			_		
	networking opportunity for the memb		re ideas.			
	(Grants \$ 21,992.) If this amount includes foreign g	rants, check here	<u> </u>	28a	32,0	<u>09.</u>
29	The chapter donates to organization		mote			
	charitable, educational, and social	welfare.				
	(Grants \$ 0 • ) If this amount includes foreign g	rants, check here	<b>&gt;</b> [	29a		
30				_		
				_		
				_		
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>▶</b> 1	30a		
31	Other program services (describe in Schedule O)				<u> </u>	
	(Grants \$) If this amount includes foreign g	rants, check here		31a		
	Total program service expenses (add lines 28a through 31a)			▶ 32	32,0	09.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated - s	ee the instruct	ions for Part IV)	
	Check if the organization used Schedule O to resp	ond to any ques	stion in this Part IV			<u> </u>
		(b) Average hours		( <b>d)</b> Health ben contributions	to   ' '	
	(a) Name and title	per week devoted	VV-2/1099-MISC)	employee ber	efit amount of	
_		position	(if not paid, enter -0-)	compensati		111011
	onzo Johnson		<u> </u>		_ ]	
	rector	2.00	0.		0.	0.
Ja	nina Cole				1	
	esident	3.00	0.		0.	<u>0.</u>
	rk Habersack					
	rector	2.00	0.		0.	0.
	th Clark					
$\overline{ ext{vi}}$	ce President	3.00	0.		0.	0.
Κi	m Forbes					
Tr	easurer	6.00	0.		0.	0.
Μi	chael Means					
Di	rector	2.00	0.		0.	0.
Nu	srat Anderson					
$\overline{ ext{Di}}$	rector	2.00	0.0		0.	0.
Sa	ndra Swickard					
	rector	2.00	0.		0.	0.
	rbara Chakos					
	cretary	2.00	0.		0.	0.
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	72 12 15 14				OOO E7 /	2014

Sign   Solid that organization engage in any suprificant activity not providely reported to the RSP If Yes, provide a detailed description of each activity in Schedule (1) and activity in Schedule (2) are any significant changes made to the organization or providing documents) If Yes, attach a conformed copy of the amended documents if they reflect a changes made to the organization or same. Otherwise, spoken the change on Schedule O (see Instructions)  33. Did the organization have unreflected business gross income of \$1,000 or more during the year from business activities (such as those reported on inest 2, 6, and 72, among others).  34. We she organization activities (1) (4), 501(c)(5), organization activities (1) (4), 501(c)(5), organization and the provided an explanation in Schedule O (see Instructions)  35. Did the organization activities (1), 501(c)(5), 501(c	PE	Uther Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this	S IN th s Part	e V	X
33	_	modulation for trace v) and action and organization about both. O to respond to any question in the	31 411		
actively in Schedule 0  33	33	Did the organization engage in any significant activity not previously reported to the IBS? If "Yes," provide a detailed description of each		163	140
34 We any significant changes made to the organization amon. Otherwise, option that change on Shedwide () (see instructions)  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).  55b. If Yes't to line 35a, has the organization filled a Form 990-1 for the year? If 'No', provide an explanation in Schedule ()  6 Was the organization are section 5016(-16), 5016(-	••		33	1	x
38 a Did the organization have intributed business gross income of \$1,000 or more during the year from business activates (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes' to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0  c Was the organization as action 50 (10/4), 50 (16/5), or 60 (16/10) organization subject to section 503(9) indice, reporting, and proxy tax requirements for the "Yes", complete Schedule 0, Part III and the organization in the organization organization in the organization for form 110-00 (in the year? it "Yes," complete Schedule 1, Part II and enter the total amount involved  38 bid the organization for form 110-00 (in the year? of the enter of the organization in the organization during the year under.  section 501(c)(7) organizations. Enter:  a Intitation less and capital contributions molided on line 9  b Gross receipts, included on line 9, for public use of club facilities  39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organization in the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4912 ► N/A ; section 501(c)(3), 501(c)(4), 301(c)(4), 301	34				
on lines 2.6a, and 7a, among others)?  b If 1/4's to line 55a, bas the organization and a form 990-T for the year? If 1/10', provide an explanation in Schedule 0  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 1/4s; complete Schedule 0, Part III and 1/4 bit organization in the year? If 1/4s; complete Schedule 0, Part III and 1/4 bit organization		· · · · · · · · · · · · · · · · · · ·	34		Х
b If Yes's to line 35a, has the organization fleed a form 990-T for the year? If Yo," provide an explanation in Schedulo 0  Was the organization a excelled Schedulo C, Part III  Ob the organization andergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete Schedulo C, Part III  Did the organization brigory and solutions termination, or significant disposition of net assets during the year? If Yes," complete speak by the organization of political expenditures, direct or indirect, as described in the instructions  Did the organization for Form 116-POIL for this year?  38 Did the organization for Form 116-POIL for this year?  38 Did the organization for Form 116-POIL for this year?  38 Did the organization for Form 116-POIL for this year?  Section 317(2)(7) organizations and the ordanization and the organization during the year such disposition of the section o	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
a West the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6032(e) notice, reporting, and proxy tax requirements during the year of "rest, complete Schedule C, Part II and Table To the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the year? If "yes," organization complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions    38		on lines 2, 6a, and 7a, among others)?	35a		X
requirements during the year? If Yes, complete Schedule C, Part II    56	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	N/	A
38 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete appraised parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37b International Complete approach of the Schedule N  37c International Complete Schedule L, Part II and enter the troat amount moved in a prior year and still outstanding at the end of the tax year covered by this return?  38b Int Yes, Complete Schedule L, Part II and enter the troat amount moved in a prior year and still outstanding at the end of the tax year covered by the return?  38c Int Yes, Complete Schedule L, Part II and enter the troat amount moved in a prior year and still outstanding at the end of the tax year covered by the return?  38c Int Yes, Complete Schedule L, Part II and enter the troat amount moved in a prior year and still outstanding at the end of the tax year covered by the regnanciation sets and captal contributions included on line 9 (or public use of club facilities section 4011   N/A   yesction 4012   N/A   yesction 4015   N/A   yesction 4015   N/A   yesction 501(c)(3) or given facilities and 101(c)(3) or given facilities and 101(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualitied persons duming the year under sections 4912, 4955, and 4958   N/A   yesction 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c rembursed by the organization and the tax year, was the organization and party to a prohibited tax shelter transaction? If Yes, complete 501(c)(4), and 501(c)(22) organizations. Enter amount of tax on line 40c rembursed by the organization shows are in care of ► Kim Porbes   Yes   N/A   Yes   Ye	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			
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.  37b 0.  37c 0.  37a 2.  37a 2.  37b 0.		·	35c		X
37.8 Eiter amount of political expenditures, direct or indirect, as described in the instructions    5. Did the organization file Form 1120-P0L for this year?  5. Did the organization form form, 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?  5. If 1'Yes, complete Schedule, I part II and enter the total amount involved  5. Section 50 (10(X)) organizations. Enter amount of tax imposed on the organization during the year under:  5. Initiation fees and capital contributions included on line 9  6. Gross receipts, included on line 9, for public use of club facilities  7. All Section 50 (10(X)) organizations. Enter amount of tax imposed on the organization during the year under:  8. Section 50 (10(X)) organizations. Enter amount of tax imposed on the organization during the year under:  8. Section 50 (10(X)) 50 (10(X)) and 50 (10(X)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 prover that has not been reported on any of its prior forms 990 or 999-E-27 II'ves; complete Schedule L, Part I  8. Section 50 (10(X)), 50 (10(X)), 40 (30 (10(X)29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year year.  8. Section 50 (10(X)), 50 (10(X)), 40 (30 (10(X)29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the programization aparty to a prohibited tax shelter transaction? If Yes; complete Form 8866-T  8. Licated at \$\begin{array}{c} \text{ 48 & N. Rainbow Blvd. \begin{array}{c} \text{ 10 C Port Des S.}  10 C P	36				
b Did the organization fie Form 1120-P0L for the year?  38 a 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?  b M Yes, complete Schedule L, Part II and enter the total amount involved  38 b N/A  38 N/	^=				<u>X</u>
38 a Did the organization borrow from, or make any losans, to, any officed, 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?  b 11**Yes, "complete Schedule I, Part II and enter the total amount involved  38 b N / A  39 Section 501(c)(7) organizations. Enter:  19					
in a prior year and still outstanding at the end of the tax year covered by this return?  If Year, complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Instation fees and capital contributions included on line 9  39a N/A  39b N/A  39b N/A  39b Gross recepts, included on line 9  39a N/A  39b N/A  39b Gross recepts, included an line 9, for public use of club facilities  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  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization engage in any section 4955 Exempted transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of unity the year, or did it engage in an excess benefit transaction of unity the year, or did it engage in an excess benefit transaction of unity the year, was the organization in a prior year that has not been reported on any of tis prior From 990 or 990-E27 If Yes, complete Schedule L, Part II  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in a firm of 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization.  A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization.  A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization.  A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization.  A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization.  A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40c and 501(c)(29) organization.  A Section 501(c)(3), 501(c)(4), and 501(c)(2			3/0		1-
b If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  B Gross recepts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year ander:  section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A  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 of did retinage in an excess benefit transaction unduring the year of did retinage in an excess benefit arisasaction unduring the year of did retinage in an excess benefit arisasaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  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  N/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the teating the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T  1. List the states with which a copy of this return is filed NV  1. The organization blooks are in care of NE him Porbes  Telephone no. (70.2) 256 – 97.88  Located at N 84.8 N. Ralinbow Blvd. #357, Las Vegas, NV  2. The variance of the foreign country (such as a bank account, securities account, or other financial account in a foreign country; Nover a financial account in a foreign country; Nover a financial financial financial financial account in a foreign country; Nover a financial finan	30 d		280		v
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  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ N/A; section 4915 ▶ N/A  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 990-72? If "Yes," complete Schedule L.P. ptr1 to Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engage in any section 4959. A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization in the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by N/A  11 List the states with which a copy of this return is field ▶ NV  12 The organization's blooks are in care of ▶ Kim Forbes Located at ▶ 848 N. Rainbow Blvd. #357, Las Vegas, NV  12 Telephone no. ▶ (702) 256–9738 Located at ▶ 848 N. Rainbow Blvd. #357, Las Vegas, NV  12 Telephone no. ▶ (702) 256–9738 Located at ▶ 848 N. Rainbow Blvd. #357, Las Vegas, NV  13 Telephone no. ▶ (702) 256–9738 Located at ▶ 848 N. Rainbow Blvd. #357, Las Vegas, NV  14 Telephone no. ▶ (702) 256–9738 Located at ▶ 848 N. Rainbow Blvd. #357, Las Vegas, NV  15 Telephone no. ▶ (702) 256–9738 Located at ▶ 848 N. Rainbow Blvd. #357, Las Vegas, NV  16 Tel	b		304	<u> </u>	<del>  ^</del>
a Instation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  20a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ► N/A  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ► N/A  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  d 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  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  1 List the states with which a cluby of this return is field ► NV  1 The organizations. At any time during the tax year, was the organization and aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  1 List the states with which a cluby of this return is field ► NV  1 The organization shocks are in care of ► Kim Forbes  Located at ► 848 N. Rainbow ■ Livd. #357, Las Vegas, NV  2 The organizations of 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 have an interest in or a signature or other authority over a financial account in a 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			-		
b Gross recepts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4915 ▶ N/A  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 the engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 902-F21 f*Yes; complete Schedule (L. Part I or 301(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  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete form 8865 - 1  1 List the states with which a copy of this returns is filed ▶ NV  2 The organization's books are in care of ▶ Kim Forbes					[
section 4911 N/A ; section 4912 N/A ; section 4915 N/A  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of during the year; or did d 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  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  d 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  M/A  d 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  M/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amagers or disqualified persons during the year winder sections 4912, 4955, and 4958  N/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization with a complete organization approach and the foreign control to the section of the foreign sections for the foreign section of the foreign section of the foreign country.  Attraction of the foreign country:  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:  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 any donor advised funds during the tax year  13 Section 4947(a)(1) nonexemptic charities trius filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accru			7		
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41 List the states with which a copy of this return is filed    NV  42a The organization's books are in care of    Kim Forbes	5		400		x
42a The organization's books are in care of ▶ Kim Forbes Located at ▶ 8 48 N. Rainbow Blvd. #357, Las Vegas, NV  IP+4 ▶ 89107-110.  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 in a 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 of the U.S.?  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 of the U.S.?  If "Yes," enter the name of the foreign country. ▶  42c Extend 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 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  44	41		100		
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Preparer

**Use Only** 

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Phone no.

240-5237

Form 990-EZ (2014)

X Yes

Firm's name ▶ Michael S. Mathews, Ltd.

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

Firm's address ▶ 2620 Regatta Dr. Suite 102

Las Vegas, NV 89128

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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.

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Name of the organization Nevada Chapter of the Risk and Insurance

Employer identification number

OMB No 1545-0047

Managem	ent Society, Inc.	(RIMS)		20-4968	891
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Yes" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of non-g tion of gover fundraising (including o irofessional f	overnment grants rnment grants events  fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address 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			
				<u> </u>	
otal		<u> </u>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contributions	s or has been notified	d it is exempt from re	egistration
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2014

Sch	edu	Nevada lle G (Form 990 or 990:EZ) 2014 Managem	Chapter of t ent Society,			4968891 Page 2
	irt	Fundraising Events. Complete if th	e organization answered	"Yes" to Form 990, Par	t IV, line 18, or reported	more than \$15,000
	_	of fundraising event contributions and gre	oss income on Form 990 (a) Event #1	D-EZ, lines 1 and 6b List (b) Event #2		ots greater than \$5,000
			Golf	(b) Event #2	(c) Other events None	(d) Total events
			Tournament		1,0110	(add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	45,247.			45,247.
	2	Less: Contributions	10,000.	!		10,000.
_	3	Gross income (line 1 minus line 2)	35,247.			35,247.
	4	Cash prizes				
Se	5	Noncash prizes	1,586.			1,586.
xpense	6	Rent/facility costs	10,050.			10,050.
Direct Expenses	7	Food and beverages	6,842.			6,842.
	8	Entertainment				
	9	Other direct expenses	1,639.			1,639.
	10		• •		<b>&gt;</b>	20,117.
Pa	11	Net income summary, Subtract line 10 from li		000 Partition 10	<u> </u>	15,130.
Г		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered tes to Form	1990, Part IV, line 19, or	reported more than	
_		\$10,000 off 1 off 1 ood 12, into ou.		(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
3eve						
_	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes			<u> </u>	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	└── No	No	No	<u></u>
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			<del></del>		<del>-</del>	
		ter the state(s) in which the organization condu	_			T. T.
		the organization licensed to conduct gaming ac No," explain.				└─ Yes └─ No
	' ''	140, explain.				
	_					
		ere any of the organization's gaming licenses re	•		year?	└── Yes └── No
D	11	Yes," explain:				
43208	82 08	8-28-14			Schedule G (For	m 990 or 990-EZ) 2014

## Nevada Chapter of the Risk and Insurance Schedule G (Form 990 or 990-EZ) 2014 Management Society, Inc. (RIMS) 20-4968891 11 Does the organization conduct 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 Yes to administer charitable gaming? 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; Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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. 16 Gaming manager information: Name > Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided Employee Independent contractor □ Director/officer 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? 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 > \$ |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).

Schedule G (Form 990 or 990-EZ) 2014

		Nevada C	hapter o	of the I	Risk and	Insurance	e	
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	Manageme	nt Socie	ety, Ind	. (RIMS	)	20-4968891	Page 4
Part IV	Supplemental Infor	mation (continu	ed)		·			
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Nevada Chapter of the Risk and Insurance Emplo

Management Society, Inc. (RIMS)

Employer identification number 20-4968891

Management Society, inc. (KIMS)	<u>'</u>	20-4900091	
Form 990-EZ, Part I, Line 10, Grants and Alloca	ations:	<del></del>	
Form 990-EZ, Part I, Line 16, Other Expenses:			
Description of Other Expenses:	<del></del>	Amount:	
Postage & mailing			250.
Supplies			19.
Conferences & meetings		3,1	137.
Travel		1,2	248.
Program service expenses		32,0	009.
Business registration fees			25.
Insurance		9	950.
Bank service charges		2	262.
Internet		1	180.
Meals		2	223.
Miscellaneous		4	<u> 197.</u>
Total to Form 990-EZ, line 16		38,8	300.
Form 990-EZ, Part II, Line 24, Other Assets:			
Description	Beg. of Y	ear End of Y	lear
Accounts receivable	12,9	74. 11,2	<u> 270.</u>
Form 990-EZ, Part II, Line 26, Other Liabilitie	es:		
Description	Beg. of Y	ear End of Y	<u>Year</u>
Accounts payable	2	80. 1,5	553.

Form 990-EZ, Part III, Primary Exempt Purpose - To foster education,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

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Management Society, Inc. (RIMS)

Employer identification number 20-4968891

networking, communication, appreciation and the development of the
individuals who manage business risk and related fields.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.