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)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for III)  (Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for III)  (Part III. Revenue, Assets or fund balances (septiment)  (Part III. Rev	Α	For the 2018 calendar	year, or tax year beginning	, 2018, and ending		, 20
Name change   Number and street (or P. Q. box, if mail is not delivered to street agross)   Name change   E Telephone number   Number and street (or P. Q. box, if mail is not delivered to street agross)   Part   E Telephone number   Number and Street (or P. Q. box, if mail is not delivered to street agross)   Part   E Telephone number   Number   Part   Part   Number   Part   Number   Part   Number   Part   Part   Number   Part   Number   Part   Number   Part   Part   Number   Part   Par	В	Check if applicable	C Name of organization	D Em		
Institutive		Address change	NV CHAPTER OF THE RISK & INS. MG		2	<u>0-4968891</u>
Final return ferminated   Annexis return   Annexis retu		Name change	Number and street (or P O. box, if mail is not delivered to street	address) Room/ E Tel	ephone number	
Appleciation pending   LAS VEGAS NV 89102   H Check   March   LAS VEGAS NV 89102   H Check   March   LAS VEGAS NV 89102   H Check   March   March   LAS VEGAS NV 89102   H Check   March		Initial return				
Application pendings LAS VEGAS NV 89102  G Accounting Method   Cash   Macroral Other (speech)   The very permitted of the programs to independent contractors of the programs of the programs to independent contractors of the programs of the programs to independent contractors of the programs of the programs to indepe		Final return/terminated	4616 W SAHARA AVENUE	123	(702	)692 <u>-4140</u>
Accounting Method   Cash   Maccrual   Other (specify)   Maccrual   Other   Maccrual   Other   Maccrual   Other   Maccrual   Other   Maccrual   Other   Maccrual   Other   Maccrual   M		Amended return	City or town, state or province, country, and ZIP or fo	reign postal code	oup Exemption	
Website:		Application pending	LAS VEGAS NV 89102			
Tax-exempt status (check enty eng) — \$51(cx)	G	Accounting Method	Cash X Accrual Other (specify) ▶	H Check ▶	If the organiz	ation is <b>not</b>
K Form of organization   Corporation   Trust   Association   Other	ı	Website: ▶ HTTP	://NEVADA.RIMS.ORG	required	to attach Schedul	e B
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, grifs, grants, and similar amounts received  1 1 Contributions, grifs, grants, and similar amounts received  2 Program service revenue including government flees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Gaming and fundraising events  a Gross income from fundraising events  a Gross income from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions from fundraising events (not including \$ 10,000 of contributions (not including \$ 10,000	J	Tax-exempt status (ch	reck only one) 501(c)(3) X 501(c)( 6) ◀ (insert no )	4947(a)(1) or 527 (Form 99	0, 990-EZ, or 990	)-PF)
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part   Check if the organization used Schedule O to respond to any question in this Part	K	Form of organization	Corporation Trust Association	Other		
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  1 Contributions, giffs, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5b Less cost or other basis and sales expenses  6 Gaming and fundraising events  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from gaming (attach Schedule G if greater than \$15,000)  c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross protor (foss) from gales of inventory (Subtract line 7b from line Schedule C)  7b Total revenue. Add lines 12, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule C)  11 Begints paid to or for members  12 Salanes, other compensation, and employee benefits  13 3, 600  19 Registers and to or for members  10 Gross income (describe in Schedule C)  10 Gross income in Schedule C)  11 Journal of the payments to independent contractors  12 Salanes, other compensation, and employee benefits  13 3, 600  14 Gross and similar amounts paid (list in Schedule C)  19 Registers and to or for members  10 Gross protor (describe in Schedule C)  10 Gross income (describe in Schedule C)  11 Journal of the payments to independent contractors  12 Salanes, other compensation, and employee benefits  13 3, 600  14 Gross and similar amounts paid (list in Schedule C)  15 Journal expenses. Add lines 1 through 16  16 Office expenses (describe in Schedule C)  17 Journal expenses. Add lines 10 from line 9:  18 Secses or (deflict) for the year (Subtract line 17 from line 9:  19 Allet assets or fund balances at beginning of year (from line 27, column (	L	Add lines 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts	are \$200,000 or more, or if total	assets	
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16 35, 216  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Wet assets or fund balances at beginning of year (from line 27, column (A)) (must agree with  19 Wet assets or fund balances at beginning of year (from line 27, column (A)) (must agree with  19 00 Nother changes in net assets or fund balances (explain in Schedule O)  20 Nother changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.	Ĺ	14 Occupancy, r			F 1	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with  20 Nother changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				25 21 6
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with  19 100, 720  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 102, 327  For Paperwork Reduction Act Notice, see the separate instructions.				•		
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21 Con Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2018)	1	µ 18 (Excess or (de			F	1,607
21 Con Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2018)	1	v   19 kNet assets or		mn (A)) (must agree with	L I	100 720
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For Paperwork Reduction Act Notice, see the separate instructions.	3	20 Other change			<u> </u>	102 327
	_			gn 20		
		<del>-</del>			<b>_ ーラ</b> '''	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

	Check if the organization used Sched	adio o to respense to any	·				<u> </u>
			(A)	Beginning of yea		<del>                                     </del>	(B) End of year
22	Cash, savings, and investments	• • • •		99	,981	-	90,756
23	Land and buildings .				0		0
24	Other assets (describe in Schedule O)				739	1-71	18,505
25	Total assets			100	,720	25	109,261
26	Total liabilities (describe in Schedule O)	•			0	20	6,934
27	Net assets or fund balances (line 27 of co	olumn (B) <b>must</b> agree with	line 21)	100	,720	27	102,327
Pá	art III Statement of Program Se	rvice Accomplishm	ents (see the instruc	tions for Part III			Expenses
	Check if the organization used Sch	edule O to respond to an	y question in this Part	Ш	X	(Re	guired for section
Wh	at is the organization's primary exempt purpos	e? SEE ATTACHI	MENT #1			501	(c)(3) and 501(c)(4)
Des	scribe the organization's program service acco	mplishments for each of i	ts three largest progra	m services,			anizations, optional
as r	measured by expenses. In a clear and concise sons benefited, and other relevant information	for each program title	rvices provided, the n	umber or		tor	others)
_	SEE ATTACHMENT #2						
						}	
	(Grants \$ ) If this ar	nount includes foreign gra	ints, check here	i i		28a	18,930
29	7	<u> </u>				<del>                                     </del>	<u> </u>
23						1	
		· · · · · · · · · · · · · · · · · · ·					
	(Grants \$ ) If this ar	nount includes foreign gra	ints check here		ьП	29a	6,500
30	(Glans \$ ) ii tills ar		ins, check here			234	,,,,,,
50							
	(O		ata abaali bara	<del></del>	П	30a	
•		nount includes foreign gra	inis, check here	<b>.</b>			
31	Other program services (describe in Schedul				П		
	(Grants \$ ) If this ar	nount includes foreign gra					
	Tabel accompany complete company (and become		inis, check here		Ų	31a	25 430
	Total program service expenses (add lines	28a through 31a)			•	32	25,430
	art IV List of Officers, Directors, Truste	28a through 31a) es, and Key Employees	(list each one even if		ed s	32	L
_		28a through 31a) es, and Key Employees	(list each one even if	IV		32 see the	L
	Check if the organization used Sch	28a through 31a) es, and Key Employees	(list each one even if	(d) Healt	h benef	32 see the	L
	art IV List of Officers, Directors, Truste	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an (b) Average	(list each one even if y question in this Part (c) Reportable compensation	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
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Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of
Pa	Check if the organization used Sch	28a through 31a) es, and Key Employees edule O to respond to an  (b) Average hours per week	(list each one even if y question in this Part  (c) Reportable compensation (Forms W-2/1099 - MI	(d) Healt contrib	th benef outions to benefit p	32 see the	e instructions for Part IV)  (e) Estimated amount of



rai	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. Г
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		X
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)?	35a		X
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		X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			İ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		ļ
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	ļ	, 	
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		7.	١,
39	Section 501(c)(7) organizations. Enter	.	, ,	,
а	Initiation fees and capital contributions included on line 9 39a			, '
b	Gross receipts, included on line 9, for public use of club facilities  39b	,	[ · .	١٠.
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	:	:	٠ ج
	section 4911 ▶, section 4912 ▶, section 4955 ▶	] ,		٦.
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-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		١ ٠.	
	organization managers or disqualified persons during the year under sections 4912,			1
	4955, and 4958	1	٠.	در ا
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c			1
	reimbursed by the organization	-	, ,	
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 NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no ▶			
	Located at ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<b></b>	Yes	-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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	1	' '	
	and Financial Accounts (FBAR)		<del></del> -	
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here.			▶ L
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O N/A	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	'	. ,_	· . ˈ
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ See instructions	45b	ľ	X

Form	1 990-EZ	. (2018) 							Pa.	ige 4
$\overline{}$			-			<del>-</del>			Yes	No
46	Did the	organization engage, directly or indirectly, in p	political camp	paign ac	tivities on behalf of o	r in opposit	ion			ز ا
	to cano	lidates for public office? If "Yes," complete Sci	nedule C, Pa	ırt I	· · · · · · · · · · · · · · · · · · ·			46		Χ
Pa	rt VI	Section 501(c)(3) organizations	-							
		All section 501(c)(3) organizations must ans	swer questio	ns 47-49	b and 52, and comp	plete the tab	les for lines			
		50 and 51								Г
		Check if the organization used Schedule O	to respond	to any q	uestion in this Part V	1			Vaa	
47	Did the	assessment as assessment to be bounded as the		n =01/h)	ologica in offset du	ring the tay		[ <del></del>	Yes	No
47		organization engage in lobbying activities or h "Yes," complete Schedule C, Part II	iave a sectio	11 30 1(11)	election in ellect du	ing the tax		47		i I
48	•	res, complete schedule c, Fait ii	70(h)(1)(A)(u	 1)? If "Ye	s " complete Schedu	ıle F		48		
49a		organization make any transfers to an exemp						49a		
b		" was the related organization a section 527 or						49b		
50						d key	•			
	employ	ees) who each received more than \$100,000 (	of compensa	tion fron	the organization. If	there is nor	ne, enter "None.	n		
			(b) Average		(c) Reportable compensation (Forms	(d) Health	benefits, contrib- mployee benefit	(e) Estima	ated ami	ount of
		(a) Name and title of each employee	hours per devoted to p		W-2/1099-MISC)	plans, a	nd deferred pensation	otherco	mpensa	tion
ПОИ	1E									
						ļ				
									<del></del> -	
			<u> </u>							
f	Total no	umber of other employees paid over \$100,000	<u>,                                      </u>			1	-			
51		ete this table for the organization's five highest		ed indep	endent contractors w	- vho each re	ceived more tha	ın		
	\$100,00	00 of compensation from the organization. If the	iere is none,	enter "N	lone "					
	(a) N	lame and business address of each independent contr	actor		(b) Type of service		(c) c	ompensatioi	1	
		·····								
ION	VE									
							-			
				-						
									_	
d		umber of other independent contractors each	_							
52	Did the	organization complete Schedule A? Note: Al	section 501	(c)(3) or	ganizations must atta	ach a				
		ted Schedule A			• •	•		▶ ∐ Ye		No
		of perjury, I declare that I have examined this return, i d complete Declaration of preparer (other than office						dge and bel	ef, it is	
	.orrect, an	d complete Declaration of preparer (other than officer	715 based on a	ii iii oriii at	Ton or which preparer in			<del> </del>		
C!~.	_	Signature of officer 1 2 1	<u> </u>				. / /	Date		
Sig:	- 1	KIM FORBES	mher	2 <i>)</i>	TREASU	IRFR (	5/24/1	a		
ner	<b>ا</b>	Type or print name and title	0 4-		TUEASU		<del>~  ~ '   </del>	1		
	1		er's signatur	e )	Date /	1	Check If	PTIN		
Paid	d	1 1 5	on l	Kun	0 ( 0) 5/2	14/19	_	P0152	969	4
	- parer		INC	7	- 1 a	///	Firm's EIN ▶ 43		40	
	Only		ALLEY	PKWY			Phone no 702	2-898-	1133	
		discuss this return with the preparer shown ab	ove? See ins	struction	s			▶ Ye	s X	No

#### 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" on Form 990, Part IV, line 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization						Employer iden	tification numb	er	
NV CHAPTER OF THE R	ISK & INS	S. MGI	MT SO	CIETY INC		20-4	968891		
Part I Fundraising Activity	ties. Complete 1	f the organ	nization an	swered "Yes" on Form	990, Part	IV, line 17			
Form 990-EZ filers are ne				·· <del>-</del>					
1 Indicate whether the organization	raised funds thro	ough any o	of the follo	wing activities Check a	ll that app	oly			
a Mail solicitations		е	$\boldsymbol{\vdash}$	tation of non-governme					
b Internet and email solicitations	;	f	$\vdash$	tation of government gra	ants				
c Phone solicitations		g	Spec	ial fundraising events					
d In-person solicitations									
2a Did the organization have a writte	_		-				П		
or key employees listed in Form 9							Yes	⊠ No	
<b>b</b> If "Yes," list the 10 highest paid in		ies (fundra	users) pur	suant to agreements un	der which	the fundraiser i	s to be		
compensated at least \$5,000 by t	the organization								
		(iii) Did	fundraiser		(1/) (20)	nount paid to	(vi) Amount p	aid to	
(i) Name and address of individual	(ii) Activity	have o	ustody	(iv) Gross receipts	1 ''	ined by) fund-	(or retained		
or entity (fundraiser)	(ii) Acavity	or control of contributions?		from activity	raiser listed in col (i)		organization		
·		Yes	No		<u> </u>				
1									
2									
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10									
		<del></del>		<u> </u>	1	•			
Total · · ·			•						
· <del></del>				<u> </u>			L		

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		gross receipts greater than \$5,000				
			(a) Event #1 GOLF TOURN	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts .	31,321			31,321
Ŗ	2	Less Contributions	10,000			10,000
	3	Gross income (line 1 minus				
		line 2)	21,321			21,321
	4	Cash prizes	400			400
	5	Noncash prizes .	2,063			2,063
ses	6	Rent/facility costs	7,384		: 	7,384
Direct Expenses	7	Food and beverages	4,231			4,231
Direc	8	Entertainment				
	9 Other direct expenses 1,397			1,397		
	10	Direct expense summary. Add lines 4 thro	ough 9 in column (d)			15,475
	11	Net income summary. Subtract line 10 fro	om line 3, column (d)		<u> </u>	5,846
Pa	rt II	<del>-</del>		orm 990, Part IV, line 19,	or reported more	
		than \$15,000 on Form 990-EZ, line 6	oa T	(6)		(d) Total coming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ď	1	Gross revenue .				
S	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	_	_		
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, column	(d) .	•	
9 a		iter the state(s) in which the organization co the organization licensed to conduct gamin				Yes No
b		'No," explain				<u></u> -
b						
10a b	If "		es revoked, suspended, α	or terminated during the	tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2018 NV CHAPTER OF THE RISK & I 204968891		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	⊠ No
٠ 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
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name >		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_	_
	revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	t	
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ 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?	Yes	⊠ No
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, lines	9,

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NV CHAPTER OF THE RISK & INS. MGMT SOCIETY INC

**Employer identification number** 20-4968891

DOING BUSINESS AS - ADDITIONAL NAMES - NV RIMS/NV CHAPTER OF RIMS

#### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NV CHAPTER OF THE RISK & INS. MGMT SOCIETY INC

**Employer identification number** 

20-4968891

- BANK SERVICE CHARGES \$ 75
- POSTAGE AND MAILING 248
- SUPPLIES \$ 400
- INTERNET \$ 956
- CONFERENCE & CONVENTIONS \$ 6,508

PART I - LINE 16 - OTHER EXPENSES -

- MEALS \$ 99
- TRAVEL \$ 3,420
- LICENSING & PERMITS \$ 50
- PROGRAM SERVICE EXPENSES \$ 18,930
- WEBSITE \$ 4,530
- PART 1, LINE 16 OTHER EXPENSES TOTAL \$ 35,216

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

> Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.  ► Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization NV CHAPTER OF	THE RISK & INS. MGMT SOCIETY INC		yer identification number
	E 24 - OTHER ASSETS -	1	
ACCOUNTS RECE	IVABLE - BEG. OF YEAR	\$	739 -
ACCOUNTS RECE	IVABLE - END OF YEAR	\$	18,505 -

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.	Inspection
Name of the organization  NV CHAPTER OF	THE RISK & INS. MGMT SOCIETY INC	Employer identification number 20-4968891
PART II, LINE		
CURRENT LIABI	LITIES-CONFERENCE DEPOSITS-BEG. OF YEAR	R \$ 0 -
CURRENT LIABI	LITIES-CONFERENCE DEPOSITS- END OF YEAR	R \$ 6,934 -

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NV CHAPTER OF THE RISK & INS. MGMT SOCIETY INC

PART V - PERSONAL BENEFIT CONTRACT -

**Employer identification number** 

20-4968891

THE ORGANIZATION DID NOT RECEIVE DURING THE YEAR ANY FUNDS DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. -