

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



As Filed Data efile GRAPHIC print - DO NOT PROCESS

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form

DLN: 93492130010170

OMB No 1545-1150

2009

Open to Public

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.

Inspection

		applicable		C Name of organization	, and ending 1	2-31-2009		Emplo	yer identi	ification number
\square	ddress o	chango	Please use IRS	INSURANCE REGULATORY EXAMINERS SOCIETY				43-146	51242	
_	ame ch	.ago	label or print or	Number and street (or P O box, if mail is not	delivered to street	address) Ro	om/suite E		ne numbe	<u> </u>
_	nitial ret	turn	type.	12710 S PFLUMM ROAD ROOM/SUITE 200						
_	erminat mandar		See Specific	City or town, state or country, and ZIP + 4				Group F	xemption	
		1.	Instruc- tions.	OLÁTHE, KS 66062				Numbe		
→ Se	ection			ns and 4947(a)(1) nonexempt charital mpleted Schedule A (Form 990 or 990-E			unting methor (specify)		Cash	Accrual
T W/	abait a	:• WWW GO-	IRES OR			H Che	ck ► 🔽 ı	f the o	rganızatı	ıon
				ne)—	(1) or 5 27		ot required t			Z, or 990-PF)_
		_		is not a section 509(a)(3) supporting orga						
<u>\$25</u>	,000	A Form 990-E2	Z or Forr	n 990 return is not required, but if the org	janization choos	ses to file	a return, be			
				etermine gross receipts, if \$500,000 or more, file I				F \$		335,285
Pa	art I			nses, and Changes in Net Assets	or Fund Ba	lances (See the inst			
	1		, - , -	rants, and similar amounts received .				-	1	6,620
	2	-		nue including government fees and contra	icts			-	2	205,877
	3	Membership d	lues and	assessments					3	122,504
	4	Investment in	icome						4	284
	5a	Gross amount	from sa	ale of assets other than inventory .		5a				
Ę	Ь	Less cost or	other ba	asıs and sales expenses		5b				
Revenue	c	Gain or (loss)	from sa	le of assets other than inventory (Subtrac	t line 5b from l	ıne 5a)		· !	5c	
å	6	Special event check here	_	tivities (complete applicable parts of Sch	nedule G) If any	/ amount ı	s from gami i	ıg,		
	a	Gross revenue	e (not ın	cluding \$ _of contributions						
		reported on lir	ne 1)			6a				
	ь	Less directe	xpenses	s other than fundraising expenses .		6b				
	c	Net income or	r (loss) f	rom special events and activities (Subtra	ct line 6b from	line 6a)		\Box	5c	
	7a	Gross sales o	finvento	ory, less returns and allowances		7a				
	Ь	Less cost of	goods s	old		7b				
	c			from sales of inventory (Subtract line 7 b f	from line 7a)			$\overline{\cdot}$	7c	
	8							-	8	
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8			. •	-′ ⊢	9	335,285
	10			nounts paid (attach schedule)				_	10	
	11	Benefits paid				• •	•	-	11	
		·				• •		_		
ø.	12	,	•	other payments to independent contracto				_	12	120 447
3.S.P	13							-	13	129,447
Expenses	14			ties, and maintenance				-	L4	817
ω	15						-	L5		
	16	Other expenses (describe #					_)	L6	228,867	
	17	Total expenses. Add lines 10 through 16						L7	359,131	
25	18			the year (Subtract line 17 from line 9)				1	L8	-23,846
4556	19			lances at beginning of year (from line 27,	column (A)) (m	ust agree	with			
et.A		·		orted on prior year's return)				1	L9	114,425
Z	20			assets or fund balances (attach explanat	•			-	20	
	21			lances at end of year Combine lines 18 t					21	90,579
Pa	rt II	Balance S	heets	—If Total assets on line 25, column (B) a	re \$1,250,000	or more, f	ile Form 990	ınste	ad of For	m 990-EZ
			(See th	ne instructions for Part II)	[((A) Beginn	ung of year	Τ	(B) En	d of year
22	Cash	, savings, and i		ents	 `		114,42!	5 22	<u> </u>	90,579
23	Land	and buildings			🗀		·	23		·
24	Other	rassets (descr	ıbe 🟲					24		
25	Total	assets .			– –		114,42	25		90,579
26	Total	liabilities (des	cribe 🟲)			26		
27	Net a	ssets or fund b	alances	(line 27 of column (B) must agree with lin	e 21) .		114,42	5 27		90,579

Part III Statement of Program	Service Accomplishn	ents (See the instruction	s for Part III)	Expenses
What is the organization's primary exempt	purpose?			(Required for section 501 (c)(3) and 501(c)(4)
INSURANCE INDUSTRY EDUCATION Describe what was achieved in carrying out	t the erappization's everyt	nurnosas In a alaar a	nd consider manner	organizations and section
describe the services provided, the number				4947(a)(1) trusts,
program title				optional for others)
28 PROVIDING SEMINARS AND CONTINAND ASSOCIATED INDUSTRY PROFESS	IONALS			
	s amount includes foreign (28a
29 PUBLICATION OF NEWSLETTER, MAI (Grants \$) If the	NTENANCE OF WEBSITE s amount includes foreign (29a
30				
(Grants \$) If thi	s amount includes foreign (grants, check here .	▶ ┌	30a
31 O ther program services (attach schedu (Grants \$) If thi	le) s amount includes foreign (▶┌	31a
32 Total program service expenses (add line			▶	32
Part IV List of Officers, Directors, Tru			I	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ans & account and
SEE ATTACHED LIST	·	•	·	
12710 S PFLUMM RD SUITE 200 12710 S PFLUMM RD SUITE 200 OLATHE,KS 66062	SEE ATTACHED 0	0		

Pa	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	33		Νo
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
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			
а	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?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 💆	36		Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
Ь	Did the organization file Form 1120-POL for this year?	37b		Νo
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?	38a		Νο
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	_		
39	Section 501(c)(7) organizations. Enter			
а	<u> </u>	-		
Ь	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 ▶, section 4912 ▶, section 4955 ▶			
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	40b		
С	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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a		• <u>(91</u>	3) 768-	4737
	12710 S PFLUMM ROAD STE 200 Located at OLATHE, KS ZIP + 4	▶ _ 66	062	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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 ?	42c		Νο
	If "Yes," enter the name of the foreign country 🕨			
	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		• •	▶ Г
	Bulleton and the second and the seco		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		N _c
4E		44		Νο
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νo
		_		

Part	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) nonex					stions
46	Did the	e organization engage in direct	or indirect political can	npaign activities on b	ehalf of or in opp	osition to		Yes	No
(candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47	Did the	e organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C	C, Part II		47		
48	Is the	organization a school describe	d ın section 170(b)(1)((A)(II)? If "Yes," comp	lete Schedule E		48		
49a	Did the	e organization make any transfe	ers to an exempt non-c	harıtable related orga	inization?		49a		
b 1	If"Yes	s," was the related organization	a section 527 organiza	ation?			49b		
		ete this table for the organization							
	lame a	and address of each employee I more than \$100,000	(b) Title and averag hours per week devoted to position	e (c) Compensat	(d) Con tion employee	tributions to benefit plans & compensation	(e	Expe ccount er allow	and
51	Compl	I number of other employees pa ete this table for the organization pensation from the organization	on's five highest compe		contractors who	■ each received n	►	an \$10	0,000
((a) Na	me and address of each indepe	ndent contractor paid n	nore than \$100,000	(b) Туро	e of service	(c) (Compen	sation
51(d)	Tota	I number of other independent o	ontractors each receiv	ring over \$100,000					
Pleas Sign Here	se	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer GARY W KIMBALL TREASURER				on of which prepare			
 Paid		Type or print name and title Preparer's TIM R HARRIS		Date 2010-04-30	Check if self-empolyed	Preparer's identifications (See instructions)		nber	
Prepai Use O	nlv	ıf self-employed),	RDY & JOHNSTONE PC			EIN Þ			
2300	,		RETUM PKWY STE 200 , VA 23236			Phone no 🕨 (80	04) 560-	-0560	
——— May th	ne IRS	discuss this return with the pre		ee instructions .		· .		es Γ	- No

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492130010170

TY 2009 Compensation Explanation

Name: INSURANCE REGULATORY EXAMINERS

SOCIETY

EIN: 43-1461242

Person Name	Explanation
SEE ATTACHED LIST	

TY 2009 Other Expenses Schedule

Name: INSURANCE REGULATORY EXAMINERS

SOCIETY

EIN: 43-1461242

EIN +3 1+012+2	
Description	Amount
EXPENSES	
BOARD MEETINGS	1,647
PROGRAM MEETINGS	3,635
INSURANCE	4,062
POSTAGE & CREDIT CARD FEE	3,586
MERCHANDISE	138
M.C. CERTIFICATION EXP	40,142
NEWSLETTER	19,442
OFFICE POSTAGE & SUPPLIES	5,072
SEMINAR EXPENSES	141,236
AWARDS	843
BANK CHARGES	470
INFORMATION SYSTEMS	564
MISCELLANEOUS	30
WEBSITE	8,000

1 Lynette A Baker, MCM TERM THRU: Chief, Market Conduct Ohio Dept of Ins., Market Conduct Div 50 W Town Street Third Floor, Ste 300 Columbus, OH 43215-1067	5 Joe F. Bieniek, AIE. MCM Senior Regulatory Services Advisor NAIC 2301 McGee Street Suite 800 Kansas City, MO 64108-2662
WORK 614-728-1797 Committee Chair: Fax 614-644-3327 lynette.baker@ins state oh us	WORK 816-783-8226 Committee Chair: Fax 816-460-7448
HOME 614-861-3149 HOME E-MAIL .	Home 816-886-7432 Home E-mail
2 Thomas L Ballard, CIE, MCM TERM THRU: President 2012 TL Ballard Consulting Services, LLC 310 Weil Lane STATE Nicholasville, KY 40356 GA	6 Holly L Blanchard TERM THRU- 1176 County Road 22 2010 Weston, NE 68070 STATE NE
WORK 859-333-8891 Committee Chair: Fax 859-887-1105 Meetings & Elections tball32590@aol.com Home 859-887-2537	Work 402-471-4742 Committee Chair: Fax 402-471-2201 holly blanchard@nebraska.gov Home 402-443-7245
HOME E-MAIL	HOME E-MAIL
3 Betty M Bates TERM THRU: 4200 Granada Ave 2010 Baltimore, MD 21215 STATE DC	7 Polly Y Chan, CIE Sr Insurance Rate Analyst California Department of Insurance Ronald Regan State Bldg. 300 S Spring St Los Angeles, CA 90013 TERM THRU 2013 CATHE
Work 202-727-0384 Committee Chair: Fax 202-727-0290 betty.bates@dc.gov Home 410-664-1951	Work 213-346-6685 Committee Chair: Fax 213-346-6824 Chanp@insurance.ca.gov
Home E-MAIL	HOME E-MAN.
4 Paul J Bicica, CIE TERM THRU. Insurance Examiner II 2011 Vermont Dept of Banking, Insur & Sec. Drawer 20 STATE 89 Main Street VT Montpelier, VT 05602	8 David V. Chartrand TERM THRU. Executive Secretary STATE IRES Staff 12710 S Pflumm Rd Suite 200 Olathe, KS 66062
Work 802-828-4843	Work 913-768-4700 Committee Chair: Fax 913-768-4900 Exec. Secretary davchard@mac.com Home 913-780-0623
Home E-MAIL frozninvt@aol.com	Home E-MAIL davchart@mac.com

9 Kim Cross TERM THRU- Assistant Chief Examiner 2010 lowa Insurance Division 330 Maple Street STATE Des Moines, IA 50319 IA	13 Martin J Hazen TERM THRU: Policy Examiner II 2013 Kansas Insurance Department 420 SW 9th Street STATE Topeka, KS 66612-1678 KS
Work 515-281-4163 Fax 515-281-3059 kim cross@iid lowa gov Home Home E-Mail.	Work 785-296-3405 Committee Chair: Fax 785-291-3673 mjhazen@ksinsurance.org Home 785-233-5410 Home E-mail
10 Dudley B Ewen, AIE, MCM TERM THRU 6413 White Rock Road 2012 Sykesville, MD 21784 STATE MD	14 Mark A. Hooker, CIE, MCM TERM THRU. Chief Market Conduct Examiner 2013 W. Virginia Offices of the Ins. Commissioner PO Box 50540 1124 Smith St. Charleston, WV 25305 At Large
WORK 410-468-2321 Committee Chair: Fax 410-468-2306 dewen@mdinsurance state md us HOME 410-795-5683 HOME E-MAIL	Work 304-558-6279 x 1176 Committee Chair: Fax 304-558-1362 Education mark.hooker@wvinsurance.gov Home Home E-MAIL
11 Angela K Ford, CIE Senior Deputy Comm , Public Serv Group North Carolina Department of Insurance 1201 Mail Service Center Raleigh, NC 27699-1201 TERM THRU: 2012 2012 STATE NC	15 Katie C Johnson, AIE TERM THRU: 9506 Ridgefield Rd. Richmond, VA 23229 STATE VA
Work 919-807-6790 Committee Chair: Fax 919-733-0085 angela.ford@ncdor.gov Home 919-661-8972 Home E-MANL	Work 804-371-9688 Committee Chair: Fax 804-371-9396 katie.johnson@scc virginia gov Home 804-747-1996 Home E-mail kjavidreader@aol.com
12 Larry D. Hawkins, MCM TERM THRU- 8888 Sullivan Road 2012 Trir 4 Baton Rouge, LA 70818 STATE LA	16 Gary W. Kimball, CIE, MCM TERM THRU: 1332 Sunview Dr. 0'Fallon, MO 63366-3443 STATE MO
Work 225-342-9173 Committee Chair: Fax 225-342-9203 Ihawkins@ldi.state.la us Home 225-262-6830 Home E-mail chawk53@juno com	Work 636-248-1865 Committee Chair: Fax call for current # Budget & Finance gary.kimball@insurance mo gov Home 636-980-3554 Home E-MAIL gwk2001a@aol.com

17 Leslie A Krier, AIE Market Conduct Oversight Manage Washington State Office of Ins. Coi PO Box 40259 Olympia, WA 98504-0259		21 Hazel W. Mosby, AIE 899 Bellevue St SE Washington, DC 20032	TERM THRU 2010 STATE DC
Work 360-725-7216 Fax 360-586-2022 lesliek@oic wa gov	President Elect Committee Chair: Membership	Work 202-442-7797 Fax 202-535-1197 hazel mosby@dc.gov	Committee Chair:
Home E-MAIL annkrier4808@yahoo.com	n ,	Home E-mail agapehazel@verizon.ne	et
18 Jo A. LeDuc, CIE, MCM 417 Critchell Terr Madison, WI 53711-1532	TERM THRU [.] 2011 STATE WI	22 Anne Marie Narcini, CłE, MCM 4 Alton St New Egypt, NJ 08533	TERM THRU. 2011 STATE NJ
Work 608-267-9708 Fax 608-264-8115 jo leduc@wisconsin.gov Home 608-233-4904	Past President Committee Chair. Publications	Work 609-292-5316x50179 Fax 609-292-5337 annemarie narcini@dobi state.i	Vice President Committee Chair: Accreditation njus
Home E-MAIL jrleduc@chorus.net		Home 609-758-0259 Home E-MAR amnarcini@comcast.ne	et
19 Stephen M. Martuscello, CIE Principal Insurance Examiner New York Insurance Department 99 Washington Ave One Commerce Plaza Albany, NY 12257	TERM THRU. 2011 STATE NY	23 Cristi S. Owen, MCM 1931 Tara Drive Prattville, Al. 36066	TERM THRU: 2013 STATE AL
Worx 518-474-9838 Fax 518-474-2188 smartusc@ins state ny us	Committee Chair:	Work 334-241-4161 Fax 334-240-3194 cristi owen@insurance alabam	Committee Chair:
Home 518-220-9582 Home E-MAIL stevem20@venzon net		Home 334-365-2779 Home E-mail	
20 Rosanne M Mead Assistant Insurance Commissioner Iowa Insurance Division 330 E Maple St Des Moines, IA 50319	TERM THRU: 2013 STATE IA	24 Douglas A. Pennington, CIE, MC Chief Market Analyst Washington State Office of Ins. C 5000 Capital Blvd. Olympia, WA 98501	2010
WORK 515-281-4242 Fax 515-281-3059 rosanne mead@ild.state.ia.us	Committee Chair:	Work 360-725-7231 Fax 360-586-2022 dougp@oic.wa gov Howe	Committee Chair:
HOME E-MAIL		HOME E-MAIL	

25 Violetta R. Pinkerton, CIE, MCM 601 W 11th Ave Apt 618	TERM THRU: 2010
Denver CO 80204	STATE CO
Work 303-894-2197 Fax 303-894-7455 vpinkerton@dora.state.co.us	Committee Chair.
Home 303-629-8650	
Home E-MAIL dlpphoto@msn.com	·
26 Dennis C Shoop, MCM 3528 Countryside Lane Camp Hill, PA 17011	TERM THRU 2011 STATE Unaffiliated
Work 717-737-7445 Fax dshoop@insconsultants.org	President Committee Chair: Executive
Номе 717-737-7445	
HOME E-MAIL	
27 Parker W Stevens, CIE, MCM 7411 Old Baymeade Rd Wilmington, NC 28411	TERM THRU. 2013 STATE Unaffiliated
7411 Old Baymeade Rd	2013 STATE
7411 Old Baymeade Rd Wilmington, NC 28411 Work 910-616-9803 Fax 208-485-8309	2013 STATE Unaffiliated Committee Chair:
7411 Old Baymeade Rd Wilmington, NC 28411 Work 910-616-9803	2013 STATE Unaffiliated Committee Chair:
7411 Old Baymeade Rd Wilmington, NC 28411 Work 910-616-9803 Fax 208-485-8309 parkerstevens@examresources Home 910-681-0407	2013 STATE Unaffiliated Committee Chair:
7411 Old Baymeade Rd Wilmington, NC 28411 Work 910-616-9803 Fax 208-485-8309 parkerstevens@examresources Home 910-681-0407 Home E-mail 28 Nancy S Thomas, CIE, MCM 37 Evans Ave	2013 STATE Unaffiliated Committee Chair: net TERM THRU: 2010 STATE