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INDEINS

Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization INDEPENDENT INSURANCE AGENTS OF TENNESSEE, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2500 HILLSBORO ROAD

Room/suite

City or town, state or country, and ZIP + 4 NASHVILLE TN 37212

D Employer identification number 62-0379523

E Telephone number 615-385-1898

G Gross receipts $ 1,973,446

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.INSURORS.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1930

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TRADE ASSOCIATION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	73
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	673,205
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	1,101,614	991,460
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213,964	134,770
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	616,257	527,844
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,931,835	1,654,074
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)	218,010	212,633
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	565,909	598,735
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,319,523	1,023,030
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,103,442	1,834,398
19	Revenue less expenses Subtract line 18 from line 12	-171,607	-180,324

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,050,853	4,241,966
21	Total liabilities (Part X, line 26)	485,234	449,506
22	Net assets or fund balances Subtract line 21 from line 20	3,565,619	3,792,460

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Part II Signature Block

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

Sign Here

Signature of officer Charles T Bidek — Date 08-09-2010

Type or print name and title CHARLES T BIDEK

Paid Preparer's Use Only

Preparer's signature Marsha A. Wall CPA — Date 7/30/10 — Check if self-employed ☐ — Preparer's identifying number (see instructions) P00043543

Firm's name (or yours if self-employed), address, and ZIP + 4 BLANKENSHIP CPA GROUP, PLLC, 109 WESTPARK DRIVE, SUITE 430, BRENTWOOD, TN 37027-5032 — EIN ▶ 45-0491842 — Phone no ▶ 615-373-3771

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2009)

SCANNED

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

TRADE ASSOCIATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

CONFERENCES, CONVENTIONS, MEETINGS, SCHOOLS AND SEMINARS (SERVES APPROXIMATELY 475 AGENCY MEMBERS)

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X	
4a	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)?		4a		X
b	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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	18		
b	Enter the number of voting members that are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHARLES BIDEK 2500 HILLSBORO ROAD NASHVILLE TN 37212 615-385-1898

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES BIDEK EXEC. DIR.	40.00					X		212,633	0	0
CHRIS ALLISON BOARD MEMBER								0	0	0
JIMMY D. ALSUP BOARD MEMBER								0	0	0
WALT BRADSHAW BOARD MEMBER								0	0	0
STEVE O. BRYANT BOARD MEMBER								0	0	0
ED GIBBONS BOARD MEMBER								0	0	0
ALLEN GREEN BOARD MEMBER								0	0	0
KEVIN S. HALE BOARD MEMBER								0	0	0
CHIP HOOVER BOARD MEMBER								0	0	0
BOB MCINTIRE BOARD MEMBER								0	0	0
DAVIS S. PORCH, III BOARD MEMBER								0	0	0
BOBBY L. SAIN BOARD MEMBER								0	0	0
ANDY C. SHAFER BOARD MEMBER								0	0	0
ROGER H. SMITH BOARD MEMBER								0	0	0
JOHNNY H. THOMPSON BOARD MEMBER								0	0	0
TEE B. ZERFOSS, III BOARD MEMBER								0	0	0
SCOTT FERGUSON PRESIDENT				X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN W. MCINTURFF, III SECRETARY				X				0	0	0
EDDIE MILLER, III TREASURER				X				0	0	0
1b Total ▶								212,633		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a–1f ▶					
Program Service Revenue		Busn. Code				
	2a MEMBERSHIP DUES		433,756	433,756		
	b SCHOOLS & SEMINARS		272,764			272,764
	c CONVENTIONS/CONFERENCES		196,145			196,145
	d MAGAZINE	524298	88,795		88,795	
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶		991,460			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		254,928	199,527		55,401
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	149,867				
	b Less rental exps	199,214				
	c Rental inc or (loss)	-49,347				
	d Net rental income or (loss) ▶		-49,347	-56,620	7,273	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less. cost or other basis & sales exps	120,158				
	c Gain or (loss)	-120,158				
	d Net gain or (loss) ▶		-120,158	-120,158		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a COMMISSIONS	524298	497,505		497,505	
	b COMMISSIONS-ACTUARIAL	524298	79,632		79,632	
	c MISCELLANEOUS		54	54		
	d All other revenue					
	e Total. Add lines 11a–11d ▶		577,191			
	12 Total Revenue. See instructions ▶		1,654,074	456,559	673,205	524,310

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members	212,633			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	429,144			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	125,920			
10 Payroll taxes	43,671			
11 Fees for services (non-employees)				
a Management				
b Legal	23,840			
c Accounting	24,599			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	7,941			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,960			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	215,345			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,266			
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SCHOOLS & SEMINARS	257,126			
b DUES	140,830			
c PUBLIC RELATIONS	77,680			
d EQUIPMENT EXPENSE	41,399			
e INSURANCE	32,371			
f All other expenses	151,673			
25 **Total functional expenses.** Add lines 1 through 24f	1,834,398			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		84,463	1	85,018
	2	Savings and temporary cash investments		1,462,376	2	1,408,711
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,000	9	6,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,935,872			
	b	Less accumulated depreciation	10b 978,854	1,030,213	10c	957,018
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,467,801	15	1,785,219
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,050,853	16	4,241,966
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		485,234	25	449,506
	26	**Total liabilities.** Add lines 17 through 25		485,234	26	449,506
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,565,619	27	3,792,460
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,565,619	33	3,792,460
	34	Total liabilities and net assets/fund balances		4,050,853	34	4,241,966

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

INDEINS

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INDEPENDENT INSURANCE AGENTS OF TENNESSEE, INC.

Employer identification number
62-0379523

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _ _ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

b Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _ _ _ _%
b Permanent endowment ▶ _ _ _ _%
c Term endowment ▶ _ _ _ _%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,835,872	978,854	857,018
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				957,018

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DIVERSIFIED TRUST COMPANY	1,637,820
INVESTMENT IN BRIC	80,000
INVESTMENT IN BANK	25,000
INVESTMENT-INSUROR SERVICES, LLC	21,650
FEDERAL INCOME TAX OVERPAYMENT	14,100
F&E TAX OVERPAYMENT	6,649
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,785,219

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
GROUP INS.COLLECTION/PAY.	292,952
ADVANCE COLLECTION - DUES	156,554
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	449,506

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,654,074
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,834,398
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-180,324
4	Net unrealized gains (losses) on investments	4	407,165
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	407,165
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	226,841

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,061,239
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	407,165		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	407,165
3	Subtract line **2e** from line **1**			3	1,654,074
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,654,074

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,834,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,834,398
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,834,398

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information (continued)

INDEINS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization INDEPENDENT INSURANCE AGENTS OF TENNESSEE, INC.

Employer identification number 62-0379523

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain — 1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? — 2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? — 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? — 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? — 4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? — 5a		
b	Any related organization? — 5b If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? — 6a		
b	Any related organization? — 6b If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III — 7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III — 8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? — 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES BIDEK	(i)	212,633	0	0	0	0	212,633	218,010
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

INDEINS .

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
INDEPENDENT INSURANCE AGENTS OF TENNESSEE, INC.	62-0379523

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

MEMBERS OF THE GOVERNING BODY

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

MEMBERS APPROVE DECISIONS

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

SCOTT FERGUSON

735 BROAD STREET #100

CHATTANOOGA, TN 37402-2925

JOHN W. MCINTURFF, III

217 BROAD STREET

KINGSPORT, TN 37660-4203

EDDIE MILLER, III

214 W. COLLEGE STREET

MURFREESBORO, TN 37130-3532

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

TAX RETURN REVIEWED BY EXECUTIVE DIRECTOR BEFORE SUBMISSION TO TAXING AUTHORITY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL REVIEW

Name of the organization
INDEPENDENT INSURANCE AGENTS

Employer identification number
62-0379523

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION COMMITTEE

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON WRITTEN REQUEST TO EXECUTIVE DIRECTOR

INDEINS

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: INDEPENDENT INSURANCE AGENTS OF TENNESSEE, INC.

Identifying number: 62-0379523

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,158

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	30,379
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		4,934	5.0	HY	200DB	987
c	7-year property		12,204	7.0	HY	200DB	1,742
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	41,266
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

INDEINS

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return: INDEPENDENT INSURANCE AGENTS OF TENNESSEE, INC.

Identifying number: 62-0379523

Business or activity to which this form relates

OFFICE BUILDING-UNRELATED

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,267

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	47,795
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	49,062
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

INDEPENDENT INSURANCE AGENTS
OF TENNESSEE, INC.
2500 HILLSBORO ROAD
NASHVILLE, TN 37212

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

INDEINS INDEPENDENT INSURANCE AGENTS
62-0379523
FYE: 12/31/2009

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
258	DELL MARKETING	1/09/09	949				949	5	HY	200DB	0	190
259	APPLIED SYSTEMS SOFTWARE	4/09/09	1,946				1,946	5	HY	200DB	0	389
266	AUDIO VISUAL EQUIPMENT	8/21/09	2,039				2,039	5	HY	200DB	0	408
			4,934				4,934				0	987
7-year GDS Property:												
260	SECRETARY CHAIRS, T/V STAND	1/09/09	1,216				1,216	7	HY	200DB	0	174
261	WALLPAPER-ELEVATOR LOBBY	4/21/09	1,256				1,256	7	HY	200DB	0	179
262	ELECTRONIC SCREEN	5/09/09	348				348	7	HY	200DB	0	50
263	FURNITURE & ACCESSORIES-LOWER	5/22/09	1,715				1,715	7	HY	200DB	0	245
264	PORCELAIN STEEL MARKERBOARDS	6/25/09	381				381	7	HY	200DB	0	54
265	LECTERN	6/25/09	5,288				5,288	7	HY	200DB	0	755
267	FRAMING	9/08/09	808				808	7	HY	200DB	0	115
268	MELAMINE TOP FOLDING TABLE & TI	9/08/09	1,192				1,192	7	HY	200DB	0	170
			12,204				12,204				0	1,742
Prior MACRS:												
7	Typing Table	10/16/87	87				87	5	HY	200DB	87	0
18	Wall Partition	5/31/89	659				659	7	HY	200DB	659	0
30	Two Drawer Filing Cabinet	7/13/92	204				204	7	HY	200DB	204	0
36	Two Burgundy/Black Chairs	2/15/93	303				303	7	HY	200DB	303	0
37	Two Vir Tables	2/15/93	487				487	7	HY	200DB	487	0
38	Eight Chairs	3/02/93	2,252				2,252	7	HY	200DB	2,252	0
39	Black Chair	4/30/93	170				170	7	HY	200DB	170	0
41	110 Royal Stacker Chairs	5/13/94	3,703				3,703	7	HY	200DB	3,703	0
42	Brown Oak Table - 24x72	5/23/94	1,398				1,398	7	HY	200DB	1,398	0
43	Brown Oak Table- 60 Round	5/23/94	864				864	7	HY	200DB	864	0
44	Security System	5/25/94	6,652				6,652	7	HY	200DB	6,652	0
45	Phone System	5/30/94	20,189				20,189	7	HY	200DB	20,189	0
46	Furniture	6/17/94	25,000				25,000	7	HY	200DB	25,000	0
47	Office Furniture & Fixtur es	1/31/95	8,175				8,175	7	HY	200DB	8,175	0
48	Cherry Glass Curio Cabine t	8/31/95	1,285				1,285	7	HY	200DB	1,285	0
49	4 Executive Chairs - Pacific Wood Finish	8/31/95	1,338				1,338	7	HY	200DB	1,338	0
50	Haw Executive U Station Desk & Cabinet	9/29/95	6,262				6,262	7	HY	200DB	6,262	0
52	Office Furniture & Fixtur es	12/07/95	3,220				3,220	7	HY	200DB	3,220	0
73	Laserjet	2/12/93	1,551				1,551	5	HY	200DB	1,551	0
76	HP $l Laser Printer	4/22/94	795				795	5	HY	200DB	795	0
136	HAW Double Pedestal Desk	2/27/97	1,788				1,788	7	HY	200DB	1,788	0
137	Regent Vertical Storage Doors	2/27/97	1,332				1,332	7	HY	200DB	1,332	0
138	Walnut Vinyl Plaque	3/14/97	78				78	7	HY	200DB	78	0
139	Picture Frame Warehouse	3/14/97	2,003				2,003	7	HY	200DB	2,003	0
140	Regent Keyboard Pullout Tray	5/30/97	166				166	7	HY	200DB	166	0
141	Picture Frames	6/05/97	60				60	7	HY	200DB	60	0
142	Past President Photos	7/02/97	276				276	7	HY	200DB	276	0
143	Credenza	7/24/97	2,099				2,099	7	HY	200DB	2,099	0
144	HAW Task Light	7/24/97	218				218	7	HY	200DB	218	0
145	42 Round Table & Base-Q Anne	7/24/97	440				440	7	HY	200DB	440	0
146	Past President Photos	9/04/97	60				60	7	HY	200DB	60	0
149	Picture Frame Warehouse	12/04/97	333				333	7	HY	200DB	333	0
150	Burgandy Chair	12/11/97	130				130	7	HY	200DB	130	0
151	MINI BLINDS	12/31/98	978				978	7	HY	200DB	978	0
152	3 EXECUTIVE CHAIRS	1/22/98	1,991				1,991	7	HY	200DB	1,991	0
154	POSTAGE METER & SCALE	4/23/98	5,739				5,739	5	HY	200DB	5,739	0
156	3 WINDOWS 95 UPGRADES	4/16/98	1,409				1,409	5	HY	200DB	1,409	0
162	PICTURES FRAMES	7/09/98	253				253	7	HY	200DB	253	0
166	Quickbooks 1999 Software	2/05/99	325				325	5	HY	200DB	325	0
167	Internet Web Site Hosting	5/12/99	1,356				1,356	5	HY	200DB	1,356	0
168	Compaq Deskpro Computer	6/11/99	1,528				1,528	5	HY	200DB	1,528	0
170	New server Outlook 200	10/20/99	3,780				3,780	5	HY	200DB	3,780	0
171	Upgrade Back Office	10/20/99	1,150				1,150	5	HY	200DB	1,150	0
173	Desks,cradenzas,keybd try	6/11/99	7,391				7,391	7	HY	200DB	7,391	0
174	Chairs (2)	7/02/99	1,379				1,379	7	HY	200DB	1,379	0
180	DELL DIRECT SALES-KH	11/22/00	1,136				1,136	5	HY	200DB	1,136	0
181	DELL DIRECT SALES-KH	11/22/00	248				248	5	HY	200DB	248	0
188	HP LASER JET PRINTER	2/13/01	2,159				2,159	5	HY	200DB	2,159	0

INDEINS INDEPENDENT INSURANCE AGENTS
62-0379523
FYE: 12/31/2009

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
189	OFFICE COMPUTER	3/16/01	1,647				1,647	5	HY	200DB	1,647	0
190	OFFICE COMPUTER	4/16/01	2,008				2,008	5	HY	200DB	2,008	0
191	COMPUTER PRODUCTS	4/16/01	1,904				1,904	5	HY	200DB	1,904	0
192	HP SCANJET SCANNER	5/16/01	560				560	5	HY	200DB	560	0
193	LASER JET 1200/COLOR LASER 4550	5/16/01	3,174				3,174	5	HY	200DB	3,174	0
194	SHARP AR-407 COPIER	5/17/01	13,334				13,334	5	HY	200DB	13,334	0
195	COMPUTER PRODUCTS	7/19/01	2,117				2,117	5	HY	200DB	2,117	0
197	NIKON COOLPIX 995/APS 35MM CAMI	11/02/01	1,120				1,120	5	HY	200DB	1,120	0
200	COMPUTER, PRINTER, MONITOR-DEL	1/03/02	2,002			X	1,402	5	HY	200DB	2,002	0
201	DELL 19 IN MONITOR	2/06/02	405			X	284	5	HY	200DB	405	0
203	COMPUTER-DELL	3/08/02	842			X	589	5	HY	200DB	842	0
204	WALL CABINET-CONFERENCE ROOM	3/11/02	1,175			X	823	7	HY	200DB	1,138	37
211	PICTURE FRAMES FOR WALL COLLEC	12/31/02	345			X	242	7	HY	200DB	334	11
216	COMPUTERS-3 DESKTOPS/EQUIPMEN	1/15/03	4,169			X	2,918	5	MQ	200DB	4,169	0
219	OFFICE DEPOT-PRINTER	5/12/03	719			X	360	7	MQ	200DB	675	32
220	HP SHOPPING.COM-SCANNER	5/12/03	328			X	164	5	MQ	200DB	328	0
221	COMP USA-PRINT SERVER	5/12/03	257			X	129	5	MQ	200DB	257	0
222	DELL MARKETING-DESKTOP/EQUIPM	5/12/03	1,286			X	643	5	MQ	200DB	1,286	0
223	DELL MARKETING-PROJECTOR	8/18/03	1,327			X	664	5	MQ	200DB	1,327	0
224	DELL MARKETING-LAPTOP	8/18/03	1,609			X	805	5	MQ	200DB	1,609	0
225	OFFICE DEPOT-ADOBE PAGE MAKER	9/05/03	546			X	273	5	MQ	200DB	546	0
226	TELEPHONE EQUIPMENT	12/31/03	24,432			X	12,216	7	MQ	200DB	22,432	1,067
228	ATHLON XP2100 MINI TOWER SERVEI	2/23/04	1,684			X	842	5	MQ	200DB	1,673	11
229	POLYCON CONF PHONE (KH)	10/26/04	1,537			X	768	7	MQ	200DB	1,344	67
230	SONY COMPUTER	9/07/05	2,736				2,736	5	MQ	200DB	2,233	310
232	DELL MARKETING (KH)	12/12/05	3,603				3,603	5	MQ	200DB	2,864	394
233	3 PAOLI BOOKCASES	2/27/06	2,122				2,122	7	HY	200DB	1,194	265
234	COLOR DIGITAL COPIER, CABINET, FI	8/07/06	14,442				14,442	5	HY	200DB	10,283	1,664
235	DELL COMPUTER	9/07/06	1,275				1,275	5	HY	200DB	908	147
238	OFFICE FURNITURE	12/07/06	8,705				8,705	7	HY	200DB	4,898	1,088
239	OPTIPLEX 745 DESKTOP	2/13/07	2,482				2,482	5	HY	200DB	1,291	476
240	VARIOUS FURNITURE & STORAGE FII	2/21/07	9,622				9,622	7	HY	200DB	3,731	1,683
241	GOOGLE MINI 50K	4/20/07	1,995				1,995	5	HY	200DB	1,037	383
242	COMPUTERS-DELL	9/07/07	2,421				2,421	5	HY	200DB	1,259	465
243	VARIOUS OFFICE FURNITURE	9/19/07	5,488				5,488	7	HY	200DB	2,128	960
244	ST TIMOTHY WING CHAIR	9/19/07	3,009				3,009	7	HY	200DB	1,167	526
245	OTIPLEX 745 SMALL FORM FACTOR	10/19/07	1,527				1,527	5	HY	200DB	794	293
246	2 OPTIPLEX 745 SMALL FORM FACTO	11/06/07	3,077				3,077	5	HY	200DB	1,600	590
248	AVANE-GARDE COMPUTER UPGRADI	2/11/08	47,039				47,039	5	HY	200DB	9,408	15,052
249	DELL PRECISION M6300 INTEL CORE	2/12/08	2,930				2,930	7	HY	200DB	419	717
250	OPTIPLEX 755 MINITOWER, PENTIUM	2/25/08	1,211				1,211	5	HY	200DB	242	387
251	GLOBAL VPN CLIENT SOFTWARE	2/26/08	663				663	5	HY	200DB	133	212
252	ONLINE JOB POSTING	3/20/08	2,599				2,599	5	HY	200DB	520	831
253	SOFA TABLE	4/23/08	707				707	7	HY	200DB	101	173
254	WEB HOSTING SET-UP	6/05/08	1,100				1,100	5	HY	200DB	220	352
255	CREDENZA AND ACCESSORIES	6/26/08	4,088				4,088	7	HY	200DB	584	1,001
256	OPTIPLEX 755 MINITOWER, CORE 2 D	9/08/08	2,515				2,515	5	HY	200DB	503	805
257	ARTWORK, LAMPS, AND ACCESSORII	9/18/08	1,551				1,551	7	HY	200DB	222	380
			319,833				300,292				238,369	30,379
Other Depreciation:												
202	HR SOFTWARE-KNOWLEDGE POINT	2/06/02	204				204	3	HY	S/L	204	0
207	NETWORK SOFTWARE-TABIN CORP	5/08/02	557				557	3	HY	S/L	557	0
209	OFFICE SOFTWARE-OFFICE XP	8/05/02	3,434				3,434	3	HY	S/L	3,434	0
227	INTUIT ENTERPRISE SOLUTIONS SOF	2/18/04	2,711			X	1,355	3	HY	S/L	2,711	0
247	DATABASE SOFTWARE SYSTEM	12/03/07	24,476				24,476	3	MO	Amort	8,839	8,158
	Total Other Depreciation		31,382				30,026				15,745	8,158
	Total ACRS and Other Depreciation		31,382				30,026				15,745	8,158
Listed Property:												
199	VAN	12/21/01	24,969				24,969	5	HY	200DB	24,969	0
			24,969				24,969				24,969	0

INDEINS INDEPENDENT INSURANCE AGENTS
62-0379523
FYE: 12/31/2009

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		393,322				372,425				279,083	41,266
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		393,322				372,425				279,083	41,266

INDEINS INDEPENDENT INSURANCE AGENTS
62-0379523
FYE: 12/31/2009

Federal Asset Report
OFFICE BUILDING-UNRELATED

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
82	Insurors Building	8/04/92	567,153				567,153	31	MM	S/L	294,834	18,005
83	Landscaping	10/09/92	1,252				1,252	15	HY	S/L	1,252	0
84	IOT/ISI Sign	11/13/92	1,500				1,500	7	HY	200DB	1,500	0
85	Sign Lighting	3/02/93	256				256	7	HY	200DB	256	0
86	Covered Parking Lighting	2/18/93	1,760				1,760	7	HY	200DB	1,760	0
87	Building Improvements	8/01/93	34,497				34,497	39	MM	S/L	13,232	885
88	Engineering Fee	2/17/93	200				200	31	MM	S/L	87	6
89	Architect Fees	8/01/93	28,243				28,243	39	MM	S/L	10,834	724
90	Architect Fees	5/31/94	17,945				17,945	39	MM	S/L	6,730	460
91	Building Improvements	5/31/94	439,968				439,968	39	MM	S/L	164,998	11,281
92	Landscaping	6/22/94	2,650				2,650	15	HY	S/L	2,650	0
93	Stained Glass IOT Sign	7/12/94	3,243				3,243	7	HY	200DB	3,243	0
94	Interior Decorating Fees	9/01/94	16,553				16,553	39	MM	S/L	6,066	424
95	Building Improvements	8/31/95	36,967				36,967	39	MM	S/L	13,270	948
112	BUILDING IMPROVEMENTS	12/12/96	1,566				1,566	7	HY	S/L	1,566	0
129	Wall Covering	3/05/97	1,461				1,461	39	MM	S/L	431	37
164	Wall Covering	5/24/99	2,530				2,530	39	MM	S/L	616	65
183	INSTALLATION OF NEW ROOF	5/30/00	22,255				22,255	20	HY	150DB	10,985	980
184	INSTALLATION OF NEW ROOF	6/21/00	23,207				23,207	20	HY	150DB	11,454	1,022
185	VISITATION HOSPITAL-PAINT WALLP	9/15/00	5,100				5,100	7	HY	200DB	5,100	0
186	INSURORS BANK-PAINT, WALLPAPER	9/15/00	7,053				7,053	7	HY	200DB	7,053	0
187	MANSARD METAL ROOF	9/15/00	27,025				27,025	20	HY	150DB	13,339	1,190
198	IMPROVEMENTS-TPA ASSOCIATES	12/31/01	7,550				7,550	39	MM	S/L	1,363	194
236	FIRST FLOOR IMPROVEMENTS	11/28/06	168,431				168,431	15	HY	S/L	28,072	11,228
237	IMPROVEMENTS-CHUCK'S OFFICE	11/30/06	5,191				5,191	15	HY	S/L	865	346
			1,423,556				1,423,556				601,556	47,795
Other Depreciation:												
81	Land	8/04/92	100,000				100,000	0	--	Land	0	0
213	IRRIGATION SYSTEM	6/11/02	7,258				7,258	15	HY	S/L	3,145	484
214	WOOD FENCE	6/11/02	1,335				1,335	15	HY	S/L	579	89
215	LANDSCAPING	6/11/02	5,203				5,203	15	HY	S/L	2,255	347
217	IMPROVEMENTS-DOOR INSTALLATIC	3/18/03	1,204				1,204	15	HY	S/L	442	80
218	BUILDING IMPROVEMENTS-BREAK A	3/31/03	3,997				3,997	15	HY	S/L	1,465	267
	Total Other Depreciation		118,997				118,997				7,886	1,267
	Total ACRS and Other Depreciation		118,997				118,997				7,886	1,267
	Grand Totals		1,542,553				1,542,553				609,442	49,062
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,542,553				1,542,553				609,442	49,062

INDEINS INDEPENDENT INSURANCE AGENTS
62-0379523
FYE: 12/31/2009

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	$ 32,730		14		
TOTAL	$ 32,730				

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
DIVERSIFIED TRUST COMPANY	$ 22,671		14		
TOTAL	$ 22,671				

INDEINS INDEPENDENT INSURANCE AGENTS
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Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PRINTING AND PUBLICATIONS	$ 27,091	$ 27,091	$	$
POSTAGE	20,841	20,841		
INVESTMENT & MANAGEMENT F	17,835	17,835		
TELEPHONE	16,965	16,965		
YAC EVENT	12,690	12,690		
AUTOMOBILE EXPENSE	12,016	12,016		
DUES & MEMBERSHIPS	10,626	10,626		
PUBLICATIONS EXPENSE	9,907	9,907		
STAFF TRAINING & EDUCATIO	6,310	6,310		
BANK & CREDIT CARD FEES	5,956	5,956		
INSURANCE ADMINISTRATION	5,488	5,488		
LICENSING & TAXES	4,374	4,374		
FRANCHISE TAX	1,101	1,101		
MISCELLANEOUS EXPENSE	473	473		
TOTAL	$ 151,673	$ 151,673	$ 0	$ 0