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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**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

A For the 2009 calendar year, or tax year beginning 09/01, 2009, and ending 08/31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization INDEPENDENT INSURANCE AGENTS &		D Employer identification number
		Doing Business As BROKERS OF AMERICA, INC.		13-5665571
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		127 SOUTH PEYTON STREET		(703) 683-4422
City or town, state or country, and ZIP + 4		G Gross receipts \$ 26,827,981.		
ALEXANDRIA, VA 22314		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)		
F Name and address of principal officer ROBERT RUSBULTD		H(c) Group exemption number ▶		
127 S. PEYTON ST. ALEXANDRIA, VA 22314				
I Tax-exempt status ☒ 501(c) (6) ◀ (insert no) 4947(a)(1) or 527				
J Website: WWW.INDEPENDENTAGENT.COM				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1896 M State of legal domicile NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND REPRESENT THE COMMON BUSINESS INTERESTS OF INDEPENDENT INSURANCE AGENTS AND BROKERS WITHIN THE INDUSTRY AND BEFORE GOVERNMENT AND THE PUBLIC.		
	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	53
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	51
	5 Total number of employees (Part V, line 2a)	5	92
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,527,257.	10,189,636.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,293,090.	404,572.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,812.	40,554.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,330,979.	10,634,762.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	154,064.	148,100.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,598,127.	9,753,528.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	659,687.	359,274.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,411,878.	10,260,902.
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	-1,080,899.	373,860.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	30,653,316.	31,361,253.
	22 Net assets or fund balances Subtract line 21 from line 20	8,494,211.	8,915,958.
		22,159,105.	22,445,295.

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 <i>Stevenson Coche</i>	Date 7-12-2011	
	Type or print name and title Steve Coche, CFO/Treasurer		
Paid Preparer's Use Only	Preparer's signature <i>Deel D. D. H.</i>	Date 7/11/11	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 WATKINS MEEGAN LLC 7700 WISCONSIN AVENUE, SUITE 500 BETHESDA, MD 20814		Preparer's identifying number (see instructions) P00957510
	EIN 52-1297695		Phone no. 301-654-7555

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.*

Form 990 (2009)

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Part III Statement of Program Service Accomplishments**1.** Briefly describe the organization's mission:

TO PROMOTE AND REPRESENT THE COMMON BUSINESS INTERESTS OF INDEPENDENT
INSURANCE AGENTS AND BROKERS WITHIN THE INDUSTRY AND BEFORE
GOVERNMENT AND THE PUBLIC.

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 \$ _____)
EDUCATIONAL PROGRAMS ARE PROVIDED FOR INDUSTRY MEMBERS TO ADDRESS
CURRENT BUSINESS TOPICS RELEVANT TO THE INDEPENDENT INSURANCE
AGENT. THE INDEPENDENT INSURANCE AGENCY SYSTEM IS PROMOTED THROUGH
ADVERTISING AND OTHER METHODS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
AGENTS COUNCIL FOR TECHNOLOGY "ACT" IS A PARTNERSHIP OF
INDEPENDENT AGENTS, COMPANIES, TECHNOLOGY VENDORS, USER GROUPS,
AND ASSOCIATIONS DEDICATED TO ENHANCING THE USE OF TECHNOLOGY AND
IMPROVING WORK FLOWS WITHIN THE INDEPENDENT AGENCY SYSTEM.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
FUTURE ONE IS A PARTNERSHIP BETWEEN IIABA AND COMPANIES FOR THE
DEVELOPMENT AND RESEARCH OF AGENCY COORDINATION AND PROMOTION.

4d Other program services. (Describe in Schedule O) ATTACHMENT 3
(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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5 Sections 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	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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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 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.	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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.		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		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		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		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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

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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	26
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	92
2b	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
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to question 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
6b	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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	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.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	11a	
11b	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	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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	53	
b Enter the number of voting members that are independent	51	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?	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?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

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: ▶ EUGENE S. COCKE 127 S. PEYTON ST. ALEXANDRIA, VA 22314
 703-683-4422

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			
JOHN GRUMMETT STATE DIRECTOR FOR AK	1.00	X						0.	0.	0.
JERE PEAK STATE DIRECTOR FOR AL	1.00	X						0.	0.	0.
ROLAND JULIAN STATE DIRECTOR FOR AR	1.00	X						0.	0.	0.
STEVE GOBLE STATE DIRECTOR FOR AZ	1.00	X						0.	0.	0.
ANDREW VALDIVIA STATE DIRECTOR FOR CA	1.00	X						0.	0.	0.
MICHAEL RIFKIN STATE DIRECTOR FOR CO	1.00	X						0.	0.	0.
SPENCER HOULDIN STATE DIRECTOR FOR CT	1.00	X						0.	0.	0.
THEODORE PAPPAS STATE DIRECTOR FOR DC	1.00	X						0.	0.	0.
JAMES WATKINS STATE DIRECTOR FOR DE	1.00	X						0.	0.	0.
TOM COTTON STATE DIRECTOR FOR FL	1.00	X						0.	0.	0.
JACK SHERRILL STATE DIRECTOR FOR GA	1.00	X						0.	0.	0.
MYLES MURAKAMI STATE DIRECTOR FOR HI	1.00	X						0.	0.	0.
TOM RICHARDSON STATE DIRECTOR FOR IA	1.00	X						0.	0.	0.
DOUGLAS BALL STATE DIRECTOR FOR ID	1.00	X						0.	0.	0.
BRIAN MCSHERRY STATE DIRECTOR FOR IL	1.00	X						0.	0.	0.
BEV BARNEY STATE DIRECTOR FOR IN	1.00	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			
GREG RENN STATE DIRECTOR FOR KS	1.00	X						0.	0.	0.
TOMMY ADAMS STATE DIRECTOR FOR KY	1.00	X						0.	0.	0.
RANDY LANOIX STATE DIRECTOR FOR LA	1.00	X						0.	0.	0.
JOSEPH P. LEAHY STATE DIRECTOR FOR MA	1.00	X						0.	0.	0.
MICHAEL MCCARTIN STATE DIRECTOR FOR MD	1.00	X						0.	0.	0.
SUSAN LESLIE STATE DIRECTOR FOR ME	1.00	X						0.	0.	0.
MIKE LARGES STATE DIRECTOR FOR MI	1.00	X						0.	0.	0.
DAVID SZCZEPANSKI STATE DIRECTOR FOR MN	1.00	X						0.	0.	0.
MITCHELL MILLS STATE DIRECTOR FOR MO	1.00	X						0.	0.	0.
DEBBIE SHEMPERT STATE DIRECTOR FOR MS	1.00	X						0.	0.	0.
BILL PRICE STATE DIRECTOR FOR MT	1.00	X						0.	0.	0.
DONALD EVANS STATE DIRECTOR FOR NC	1.00	X						0.	0.	0.
STEVE BAIN STATE DIRECTOR FOR ND	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								3,612,206.	0.	345,376.

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 **32**

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

	Yes	No
3		X
4	X	
5		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

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

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
ATTACHMENT 4		
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 11		

Part VIII Statement of Revenue

13-5665571

				(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		0.				
Program Service Revenue		Business Code					
	2a	ANNUAL CONVENTION	900099	638,568.			638,568.
	b	MEMBER DUES	900099	6,779,516.	6,779,516.		
	c	BEST PRACTICES	900099	55,000.	55,000.		
	d	PROGRAM SUPPORT	900099	868,508.	868,508.		
	e	EDUCATION PROGRAMS	900099	1,835,904.	540,685.		1,295,219.
	f	All other program service revenue	900099	12,140.	12,140.		
	g	Total. Add lines 2a-2f		10,189,636.			
	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5		154,364.			154,364.
4	Income from investment of tax-exempt bond proceeds		0.				
5	Royalties		0.				
Other Revenue		(i) Real	(ii) Personal				
	6a	Gross Rents	269,115.				
	b	Less: rental expenses	229,608.				
	c	Rental income or (loss)	39,507.				
	d	Net rental income or (loss)		39,507.			39,507.
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	16,213,819.				
	b	Less: cost or other basis and sales expenses	15,963,611				
	c	Gain or (loss)	250,208.				
	d	Net gain or (loss)		250,208.			250,208.
	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		0.			
	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		0.			
	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		0.				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS	900099	1,047.	1,047.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,047.				
12	Total Revenue. See instructions		10,634,762.	8,256,896.		2,377,866.	

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 . . .	125,000.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,100.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,247,812.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	5,326,626.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	223,234.			
9 Other employee benefits	554,053.			
10 Payroll taxes	401,803.			
11 Fees for services (non-employees):	0.			
a Management	20,673.			
b Legal	59,653.			
c Accounting	307,079.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	502,606.			
g Other	82,968.			
12 Advertising and promotion	695,726.			
13 Office expenses	553,275.			
14 Information technology	0.			
15 Royalties	650,035.			
16 Occupancy	570,920.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	755,901.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	295,009.			
22 Depreciation, depletion, and amortization	134,914.			
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 REIMBURSEMENTS OF EXPENSES	-5,374,218.			
b SPECIAL ACTIVITIES	571,679.			
c COMMUNITY RELATIONS &				
d OUTSIDE MEMBERSHIPS	203,742.			
e MEMBER PROJECTS	165,157.			
f All other expenses	164,155.			
25 Total functional expenses. Add lines 1 through 24f	10,260,902.			
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	331,165.	1	440,528.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	166,310.	4	160,197.
	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	143,486.	9	266,788.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 10,235,714.		
	b Less. accumulated depreciation	10b 6,777,484.	10c	3,458,230.
	11 Investments - publicly traded securities	7,469,290.	11	7,974,164.
	12 Investments - other securities. See Part IV, line 11	12,148,321.	12	11,966,368.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,605,138.	15	7,094,978.
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,653,316.	16	31,361,253.	
Liabilities	17 Accounts payable and accrued expenses	1,419,312.	17	1,565,879.
	18 Grants payable		18	
	19 Deferred revenue	270,454.	19	226,491.
	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	6,804,445.	25	7,123,588.
	26 Total liabilities. Add lines 17 through 25	8,494,211.	26	8,915,958.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,159,105.	27	22,445,295.
	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	22,159,105.	33	22,445,295.
34 Total liabilities and net assets/fund balances	30,653,316.	34	31,361,253.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

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?

b Were the organization's financial statements audited by an independent accountant?

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

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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

2009

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization BROKERS OF AMERICA	Employer identification number 13-5665571
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political expenditures	893,570.
3	Volunteer hours	100

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No	
4a	Was a correction made?	☐ Yes ☐ No	
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	0.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$	10,000.
3	Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$	10,000.
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☒ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
REPUBLICAN STATE LEADERSHIP COMMITTEE	1400 K STREET NW #450 WASHINGTON, DC 20005	05-0532524	10,000.	0.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	X	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	6,764,975.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	1,445,510.
b	Carryover from last year	2b	-567,590.
c	Total	2c	877,920.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,198,754.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-320,834.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

DESCRIPTION OF THE ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES

PART I-A, LINE 1

INSURPAC IS THE POLITICAL ACTION COMMITTEE (PAC) OF THE INDEPENDENT
INSURANCE AGENTS & BROKERS OF AMERICA (IIABA). IT REPRESENTS THE UNIFIED
POLITICAL VOICE OF IIABA'S 23,000 MEMBER AGENCIES AND 300,000 AGENTS AND
BROKERS NATIONWIDE. IT IS THE LARGEST PROPERTY-CASUALTY INSURANCE
INDUSTRY PAC IN THE COUNTRY, AND IS ONE OF THE PRIMARY REASONS WHY BIG
"I" IS ROUTINELY RATED AMONG THE MOST SUCCESSFUL LOBBYING GROUPS IN
WASHINGTON, DC.

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 &
BROKERS OF AMERICA

Employer identification number
13-5665571

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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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 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 tax 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 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 ☐ d Loan or exchange programs
☐ b Scholarly research ☐ e Other _____
☐ c Preservation for future generations

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

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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		1,627,600		1,627,600.
b Buildings		5,853,801	4,142,066.	1,711,735.
c Leasehold improvements				
d Equipment		735,750	674,589.	61,161.
e Other		2,018,563	1,960,829.	57,734.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)				3,458,230.

Schedule D (Form 990) 2009

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	11,966,368.	ATTACHMENT 1
Other _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	11,966,368.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.[illegible]**Part IX** **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	7,094,978
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,094,978

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	7,123,588.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	7,123,588.

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	10,634,762.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,260,902.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	373,860.
4	Net unrealized gains (losses) on investments	4	94,283.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-175,495.
9	Total adjustments (net). Add lines 4 through 8	9	-81,212.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	292,648.

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	27,235,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	94,283.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	16,277,313.
e	Add lines 2a through 2d	2e	16,371,596.
3	Subtract line 2e from line 1	3	10,864,370.
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	-229,608.
c	Add lines 4a and 4b	4c	-229,608.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,634,762.

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

1	Total expenses and losses per audited financial statements	1	26,943,318.
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	16,782,416.
e	Add lines 2a through 2d	2e	16,782,416.
3	Subtract line 2e from line 1	3	10,160,902.
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	100,000.
c	Add lines 4a and 4b	4c	100,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,260,902.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X

FOR TAX YEARS PRIOR TO 2006, IIABA IS NO LONGER SUBJECT TO EXAMINATION BY
THE IRS AND THE STATE TAX JURISDICTIONS.

REVENUE INCLUDED ON BOOKS AND NOT THE FORM 990

PART XII, LINE 2D

AFFILIATES' REVENUES INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR

WHICH SEPARATE RETURNS ARE FILED	15,359,696
----------------------------------	------------

PAC ACTIVITY	917,617
--------------	---------

16,277,313

REVENUE INCLUDED ON FORM 990 AND NOT ON THE BOOKS

PART XII, LINE 4B

RENTAL EXPENSE NETTED AGAINST REVENUE ON FORM 990

EXPENSE INCLUDED ON BOOKS AND NOT ON FORM 990

PART XIII, LINE 2D

AFFILIATES' EXPENSES INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR

WHICH SEPARATE RETURNS ARE FILED	15,641,649
----------------------------------	------------

RENTAL EXPENSE NETTED AGAINST REVENUE

ON FORM 990	229,608
-------------	---------

PAC ACTIVITY	911,159
--------------	---------

16,782,416

Part XIV Supplemental Information (continued)

EXPENSE INCLUDED ON FORM 990 AND NOT ON BOOKS

PART XIII, LINE 4B

CONTRIBUTIONS TO AFFILIATE ELIMINATED ON CONSOLIDATED FINANCIAL

STATEMENTS \$100,000

OTHER CHANGES IN NET ASSETS ON THE BOOKS AND NOT FORM 990

PART XI, LINE 8

AFFILIATES' NET INCOME INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR

WHICH SEPARATE RETURNS ARE FILED

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN PEYTON STREET		COST
INDEPENDENT FINANCIAL		COST
SERVICES CORP. (INSURBANC)	3,582,980.	COST
INVESTMENT IN TRUSTED CHOICE	2,019,263.	COST
INVESTMENT IN BIG "I"		COST
ADVANTAGE	4,374,125.	COST
INVESTMENT IN BIRC	1,990,000.	
TOTALS	<u>11,966,368.</u>	

PAGE 24

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRASSROOTS CONFERENCE SCHOLARSHIPS	22	11,100		N/A	N/A
MEETING SCHOLARSHIPS FOR FIRST-TIME ATTENDEES	27	12,000		N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCESS FOR MONITORING THE USE OF GRANT FUNDS

LINE 1B

IIABA REQUIRES ALL RECIPIENTS TO SUBMIT COPIES OF EXPENSES INCURRED.

**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 &
BROKERS OF AMERICA**

Employer identification number
13-5665571

Part I Questions Regarding Compensation

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

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?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

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.

Schedule J (Form 990) 2009

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

SCHEDULE J

SCHEDULE J, PART I, LINE 1A

PER COMPANY POLICY, ROBERT RUSBULTD AND THE CHAIRMAN FLY FIRST CLASS,

ALTHOUGH THEY ONLY OCCASIONALLY DO.

TRAVEL FOR COMPANIONS BENEFIT IS RECEIVED BY ROBERT RUSBULTD, DEBRA

PERKINS, AND ALL EXECUTIVE COMMITTEE MEMBERS (PER COMPANY POLICY),

INCLUDING C. BRETT NILSSON, J. DAVID DANIEL, J. MICHAEL MILEY, MICHAEL

DONOHOE, ROBERT BRAMLETT, THOMAS MINKLER, DAVID WALKER AND ROBERT

FULWIDER.

GROSS UP PAYMENTS ARE ALLOWED FOR THOSE RECEIVING TRAVEL FOR COMPANIONS

BENEFITS. ROBERT RUSBULTD (CEO) RECEIVES GROSS UP PAYMENTS ON ALL

BENEFITS.

DAVID EVANS RECEIVES A HOUSING ALLOWANCE TO RESIDE AT A HOTEL WHILE IN

TOWN WORKING IN THE IIBA OFFICE; HE IS REIMBURSED 2/3 OF EXPENSES PAID.

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.

HEALTH CLUB DUES ARE PAID FOR ROBERT RUSBULT, ELIZABETH MONTGOMERY, AND

DEBRA PERKINS. OTHER CLUB DUES ARE PAID FOR EUGENE S. COCKE, ROBERT

RUSBULT, AND CHARLES SYMINGTON.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN**SCHEDULE J, PART I, LINE 4B**

IIABA HAS A DEFERRED COMPENSATION PLAN FOR ITS CHIEF EXECUTIVE OFFICER

PURSUANT TO IRS CODE SECTIONS 409A AND 457(F).

WRITTEN POLICY REGARDING PAYMENT OF BENEFITS**PART I, LINE 1B**

IIABA HAS AN EXPENSE REPORT POLICY WHICH SPECIFICALLY ADDRESSES SPOUSAL

TRAVEL REIMBURSEMENT AND THE GROSS UP PAYMENT. HEALTH OR SOCIAL CLUB DUES

ARE ADDRESSED ON A CASE-BY-CASE BASIS.

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization **INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA**

Employer identification number
13-5665571

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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-MSC)	(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 DEARDORFF										
STATE DIRECTOR FOR NE	1.00	X						0.	0.	0.
DEAN MERRILL										
STATE DIRECTOR FOR NH	1.00	X						0.	0.	0.
L. SCOTT STANFORD										
STATE DIRECTOR FOR NJ	1.00	X						0.	0.	0.
SAM CONLEE										
STATE DIRECTOR FOR NM	1.00	X						0.	0.	0.
TOM BURNS										
STATE DIRECTOR FOR NV	1.00	X						0.	0.	0.
STEVEN SPIRO										
STATE DIRECTOR FOR NY	1.00	X						0.	0.	0.
GARY ROACH										
STATE DIRECTOR FOR OH	1.00	X						0.	0.	0.
VAUGHN GRAHAM										
STATE DIRECTOR FOR OK	1.00	X						0.	0.	0.
DEBBIE KRAMBEAL										
STATE DIRECTOR FOR OR	1.00	X						0.	0.	0.
WILLIAM SCHNEIDER										
STATE DIRECTOR FOR PA	1.00	X						0.	0.	0.
MYRON MITCHELL										
STATE DIRECTOR FOR RI	1.00	X						0.	0.	0.
JOHN BRADY										
STATE DIRECTOR FOR SC	1.00	X						0.	0.	0.
GARY JOYCE										
STATE DIRECTOR FOR SD	1.00	X						0.	0.	0.
BRAD SMITH										
STATE DIRECTOR FOR TN	1.00	X						0.	0.	0.
BILL HARRISON, JR.										
STATE DIRECTOR FOR TX	1.00	X						0.	0.	0.
J. CURTIS BREITWEISER										
STATE DIRECTOR FOR UT	1.00	X						0.	0.	0.
R. DAVID PRIEST										
STATE DIRECTOR FOR VA	1.00	X						0.	0.	0.
KIM KINNEY										
STATE DIRECTOR FOR VT	1.00	X						0.	0.	0.
MICHAEL RYDBOM										
STATE DIRECTOR FOR WA	1.00	X						0.	0.	0.
RAYMOND C. HANSEN										
STATE DIRECTOR FOR WI	1.00	X						0.	0.	0.
TIMOTHY DYER										
STATE DIRECTOR FOR WV	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization **INDEPENDENT INSURANCE AGENTS &
BROKERS OF AMERICA**

Employer identification number
13-5665571

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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-MSC)	(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			
GREGG JACKSON STATE DIRECTOR FOR WY	1.00	X						0.	0.	0.
ROBERT FULWIDER EXECUTIVE COMMITTEE	5.00	X						10,617.	0.	0.
C. BRETT NILSSON CHAIRMAN	10.00	X						43,088.	0.	0.
J. DAVID DANIEL CHAIRMAN-ELECT	10.00	X						40,986.	0.	0.
J. MICHAEL MILEY VICE CHAIRMAN	5.00	X						17,490.	0.	0.
MICHAEL R. DONOHOE EXECUTIVE COMMITTEE	5.00	X						11,466.	0.	0.
ROBERT BRAMLETT EXECUTIVE COMMITTEE	5.00	X						7,891.	0.	0.
THOMAS MINKLER EXECUTIVE COMMITTEE	5.00	X						6,700.	0.	0.
DAVID WALKER EXECUTIVE COMMITTEE	5.00	X						1,675.	0.	0.
ROBERT A. RUSBULT CEO	60.00			X				1,332,689.	0.	81,594.
DEBRA L. PERKINS EXECUTIVE VP	60.00			X				374,130.	0.	24,814.
EUGENE S. COCKE CFO	50.00			X				189,290.	0.	31,774.
PAUL A. BUSE SENIOR VP	50.00				X			235,345.	0.	35,085.
CHARLES E. SYMINGTON, JR. SENIOR VP	50.00				X			340,917.	0.	36,227.
DAVID G. EVANS SENIOR VP	50.00				X			204,318.	0.	17,699.
THOMAS C. KOONCE ASSISTANT VP	50.00					X		164,115.	0.	15,084.
ELIZABETH D. MONTGOMERY VP OF COMPANY RELATIONS	40.00					X		152,542.	0.	18,274.
JASON P. PALS SYSTEM ARCHITECT	40.00					X		143,972.	0.	27,767.
JOHN M. PRIBLE ASSISTANT VP	50.00					X		198,744.	0.	33,522.
JEFFREY M. YATES EXECUTIVE DIRECTOR, ACT	40.00					X		136,231.	0.	23,536.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **INDEPENDENT INSURANCE AGENTS &
BROKERS OF AMERICA**

Employer identification number
13-5665571

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JACK ST. JOHN	FAMILY MEMBER OF CEO	130,234.	EMPLOYMENT		X

For Privacy Act and Paperwork Reduction Act Notice, see the
Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

INDEPENDENT INSURANCE AGENTS &

BROKERS OF AMERICA

Employer identification number

13-5665571

ATTACHMENT 2

CLASSES AND RIGHTS OF MEMBERS

PART VI, LINES 6 & 7A

THE MEMBERSHIP CATEGORIES OF IIABA INCLUDE:

1) INSURANCE AGENCIES AND BROKERAGE FIRMS DOING BUSINESS AS INDIVIDUALS,
PARTNERSHIPS, CORPORATIONS, OR OTHER FORMS OF BUSINESS ORGANIZATION

("AGENCY MEMBERS");

2) STATE ASSOCIATIONS OF WHICH THEY ARE MEMBERS AND RECOGNIZED BY THE
BOARD IN ACCORDANCE WITH BOARD RULES ("STATE ASSOCIATIONS");

3) INSURANCE AGENCIES AND BROKERAGE FIRMS DOING BUSINESS AS INDIVIDUALS,
PARTNERSHIPS, CORPORATIONS, OR OTHER FORMS OF BUSINESS ORGANIZATION NOT
ELIGIBLE FOR MEMBERSHIP IN IIABA THROUGH A STATE ASSOCIATION OR THE
DISTRICT OF COLUMBIA ("INTERNATIONAL MEMBERS"), WITH SUCH RIGHTS, DUTIES,
AND BENEFITS AS ARE DETERMINED BY THE BOARD; AND

4) SUCH OTHER MEMBERSHIP CATEGORIES AS ARE APPROVED BY THE BOARD ("OTHER
MEMBERS"), WITH SUCH RIGHTS, DUTIES AND BENEFITS AS ARE DETERMINED BY THE
BOARD.

AMENDMENTS OR REPEALS OF THE BYLAWS MUST BE APPROVED BY A TWO-THIRDS VOTE
OF THE MEMBERS PRESENT AND VOTING AT A MEMBERSHIP MEETING OF THE
ASSOCIATION, OR IN ANY OTHER MANNER APPROVED BY THE EXECUTIVE COMMITTEE.

Name of the organization INDEPENDENT INSURANCE AGENTS &
BROKERS OF AMERICA

Employer identification number
13-5665571

ATTACHMENT 2 (CONT'D)

ALL MEMBERS IN GOOD STANDING MAY VOTE ON ANY MATTER SUBJECT TO A VOTE AT

ALL MEMBERSHIP MEETINGS.

PROCESS FOR DETERMINING COMPENSATION OF THE CEO

PART VI, LINE 15A

DURING 2007, AN INDEPENDENT CONSULTANT WAS HIRED TO REVIEW AND RECOMMEND

APPROPRIATE COMPENSATION.

WHETHER AND HOW THE ORGANIZATION MAKES CERTAIN DOCUMENTS AVAILABLE

PART VI, LINE 19

IIABA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE MEMBERSHIP ON THE LEADERSHIP PAGE

OF ITS WEBSITE. THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

BOARD REVIEW OF THE 990

PART VI, LINE 11A

THE FORM 990 IS REVIEWED LINE BY LINE BY THE DIRECTOR OF FINANCE AND

CHIEF FINANCIAL OFFICER OF IIABA.

WHETHER AND HOW THE CONFLICT OF INTEREST POLICY IS MONITORED

PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS COMPLETED AND SIGNED ANNUALLY BY ALL

OFFICERS AND EMPLOYEES DURING THE MONTH OF AUGUST. COPIES ARE KEPT ON

FILE WITH THE LEGAL DEPARTMENT.

AVERAGE HOURS PER WEEK

PART VII

DEBRA PERKINS SPENT AN AVERAGE OF 60 HOURS ON IIABA PER WEEK, OF WHICH,

Name of the organization INDEPENDENT INSURANCE AGENTS &
BROKERS OF AMERICA

Employer identification number
13-5665571

ATTACHMENT 2 (CONT'D)

AN AVERAGE OF 25 HOURS WAS SPENT ON RELATED ENTITIES PER WEEK. ROBERT

RUSBULDT SPENT AN AVERAGE OF 60 HOURS ON IIABA PER WEEK, OF WHICH, AN

AVERAGE OF 15 HOURS WAS SPENT ON RELATED ENTITIES PER WEEK. EUGENE COCKE

SPENT AN AVERAGE OF 50 HOURS ON IIABA PER WEEK, OF WHICH, AN AVERAGE OF

20 HOURS WAS SPENT ON RELATED ENTITIES PER WEEK. DAVID EVANS SPENT AN

AVERAGE OF 12.50 HOURS ON IIABA PER WEEK AND AN AVERAGE OF 37.50 HOURS ON

RELATED ENTITIES PER WEEK.

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CO-BRANDED WEBSITE IS A JOINT			
PROJECT OF IIABA AND 37 STATE			
ASSOCIATIONS DESIGNED TO			
CREATE A UNIFIED WEB PRESENCE			
FOR IIABA AND ITS MEMBERS			
AGENTS ADVOCACY FUND			
THE TRUSTED CHOICE BIG "I"			
NATIONAL CHAMPIONSHIP			
TOTALS			

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CAREFIRST - BLUE CROSS/BLUE SHIELD P.O. BOX 79749 BALTIMORE, MD 21279-0749	HEALTH INSURANCE	730,191.

Name of the organization INDEPENDENT INSURANCE AGENTS &
BROKERS OF AMERICA

Employer identification number
13-5665571

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NADA SERVICES CORPORATION 8400 WESTPARK DRIVE MCLEAN, VA 22102	BUILDING RENTAL	312,527.
MARRIOTT WARDMAN PARK 2660 WOODLEY ROAD, NW WASHINGTON, DC 20008	CONFERENCE & MEETING	365,074.
PAUL DE JONG INC 3811 ACOSTA ROAD FAIRFAX, VA 22031	IT SERVICES	202,770.
MINDSHIFT TECHNOLOGIES, INC 309 WAVERLY OAKS ROAD #301 WALTHAM, MA 02452	NETWORK MGT SERVICES	239,692.
TOTAL COMPENSATION		<u>1,850,254.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
DIVIDENDS AND INTEREST FROM SECURITIES	154,364.			154,364.
TOTALS	<u>154,364</u>			<u>154,364.</u>

Department of the Treasury
Internal Revenue Service

[illegible]

Employer identification number
13-5665571

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

[illegible]

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Part I. Information about the exempt organization					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
TRUSTED CHOICE, INC. 127 SOUTH PEYTON STREET ALEXANDRIA, VA 22314	BRAND DVLPMNT	DE	501 (C) (6)	N/A	N/A
PROJECT INVEST 127 SOUTH PEYTON STREET ALEXANDRIA, VA 22314	EDUCATION	NY	501 (C) (3)	7	N/A
IIAA EDUCATIONAL FOUNDATION 127 SOUTH PEYTON STREET ALEXANDRIA, VA 22314	CHARITY	NY	501 (C) (3)	11B, II	N/A
INDEPENDENT INS. AGENTS & BROKERS OF AM 127 SOUTH PEYTON STREET ALEXANDRIA, VA 22314	LOBBYING	NY	527	N/A	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	IAA AGENCY ADMINISTRATIVE SERVICES, INC.	A	1,190,405.
(2)	IAA MEMBERSHIP SERVICES, INC.	A	104,813.
(3)	IAA AGENCY ADMINISTRATIVE SERVICES, INC.	I	177,860.
(4)	IAA AGENCY ADMINISTRATIVE SERVICES, INC.	K	1,380,138.
(5)	IAA MEMBERSHIP SERVICES, INC.	K	223,502.
(6)	IAA AGENCY ADMINISTRATIVE SERVICES, INC.	N	2,686,113.

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

[illegible]

Part I Continuation of Identification of Disregarded Entities

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R-1 (Form 990) 2009

Part V

Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) IIAA MEMBERSHIP SERVICES, INC.	N	334,890.
(8) IIAA AGENCY ADMINISTRATIVE SERVICES, INC.	P	3,863,887.
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA	Employer identification number 13-5665571
	Number, street, and room or suite no. If a P.O. box, see instructions. 127 SOUTH PEYTON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ STEVE COCKE

Telephone No. ☒ 703 683-4422

FAX No. ☒ 703 683-7556

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 07/15, 2011.
- 5 For calendar year 2009, or other tax year beginning 09/01, 2009, and ending 08/31, 2010.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

WATKINS MEEGAN LLC
7700 WISCONSIN AVENUE, SUITE 500
BETHESDA, MD 20814

Title ☒

CPA

Date ☒

4/12/11

Form 8868 (Rev. 1-2011)

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA	Employer identification number	13-5665571
	Number, street, and room or suite no. If a P.O. box, see instructions	127 SOUTH PEYTON STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	ALEXANDRIA, VA 22314		

Check type of return to be filed (file a separate application for each return).

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ STEVE COCKE

Telephone No. ▶ 703 683-4422FAX No. ▶ 703 683-7556

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/18, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year or
 ▶ ☒ tax year beginning 09/01, 2009, and ending 08/31, 2010

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)