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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

_	For	the 2009 calen	dar year,	or tax year begi	nning Nov 1	,	2009, an	d ending	Oct	31		,2010	
		k if applicable		C Name of organ						D Employ	er Ident	tification Number	
		Address change	Please use IRS label	Profession	al Independe	ent Insurance	Agent	s of Co	lo Inc	84-1	L203	189	
	\vdash	Name change	or print or type.			all is not delivered to s				E Telepho	ne num	ber	
	H	Initial return	See specific	1660 S AL	bion St			518		(303	3) 5	12-0627	
	-	Termination	Instruc- tions.	City, town or co			State ZIF	P code + 4			·		
	\vdash	Amended return		Denver			CO 8	0222-	4043	G Gross re	eceipts	\$ 1,730,234	
	\vdash	Application pending	F Name	and address of princi	pal officer	-				a group return			X No
	Ш	Application perioling		Fidler 1660	•	Denver	CO so	222-404		affiliates incli		Yes	No
$\overline{}$	T:	ax-exempt statu			(insert no)	4947(a)(1)		527	If 'No,'	attach a list.	(see ins	structions)	_
<u>;</u>		/ebsite: ► ww			(misore no)	1-1-13 .7 (4)(1)	<u> </u>		H(c) Group	exemption nu	mber 1	-	
K		orm of organization.	X Corpor		Association	Other ►	I Year	r of Formation				legal domicile. CO	
		Summ		ation Trust	Association	Ottes	12 100	OI T OITHELE	311 233.	1		ingar dominano.	
ÿF _Ω C	1			anization's miss	sion or most sig	nificant activities:	To r	oromot	e the	agency	v sv	zstem	
_	ı '					gents throu							
Activities & Governance		provide	educat	ional and	other res	ouces to st	rengt	hen p	rofess	sionali	 .sm		
Ta Ta	1			ce indust									
Ş	2		_ ~			its operations or	disposed	d of more	than 25	% of its as	sets.		
Ğ	3	Number of vo	oting mem	bers of the gove	erning body (Pai	t VI, line 1a)					3	12	
S.	4					ing body (Part VI,	line 1b)		• • • •			12	
XX.	5			yees (Part V, Iir	•			•	•••		5	6	
Ę	6			eers (estimate i						• • • •	6	0 413	<u> </u>
٩		•				Icolumn (C), ine	12 .	•••	• •		7a 7b		,523. ,918.
	⊢	b Net unrelated	o business	taxable income	from Form 990	-1, line 34 .		<u>· · · </u>	.		70		
	Ĺ		_		41.5				F	Prior Year		Current Ye	
ē	8			its (Part VIII, lin					·	18,2			<u>,575.</u>
Revenue		_		ue (Part VIII, Iir					·	925,1 32,0			,348. ,856.
æ	NO		-	art VIII, column		9c, 10c, and 11e)				476,9			,761.
	12					art VIII, column (/	A) line 1	 2)	-	1,452,3		1,308	
	13			ounts paid (Parl			y, inc 1	<u>-, </u>	ļ·	1,102,0	,,,,,,	1,330	, 5 1 0 .
	1			members (Part			• •		`				
	~15 _15					t IX, column (A),	lines 5.1	w .	`	434,8	881	425	,575.
ė				ng fees (Part IX,			III 103 0-1		`-	131/0	0.	1113	0.
Expenses	影						•		COLUMN ASS	40.50 (10)	<i>y</i>		
꿃	氢			nses (Part IX, c		' <u></u>			CERTAINS			T	
_	R	•	•	IX, column (A),		-				948,1			<u>,047.</u>
	1					column (A), line 2		٦.	ļ:	1,383,0			
	19	Revenue les	s expense	s. Subtract line	18 from line 12	RECEIVE	D .,	\\ \rac{1}{n}	_	69,3	<u> 309.</u>	73	<u>,918.</u>
6							Ĭ,			nning of Y		End of Ye	
a section	20		-	ne 16)	<u>2</u>	JUN 20 2)		1,317,0		1,316	
Net Assets or Fund Balances	21	Total liabiliti	es (Part X	, line 26)	10	JÜN R A C	197		<u> </u>	239,7	/68.		<u>,351.</u>
_				ances. Subtract	line 21 from line		۾ لين	<u>.</u>	.	1,077,3	313.	1,156	<u>,157.</u>
βŠ	art:	II⊊⊟ Signa	ture Blo	ck	- 'i	OCDEN.	لا ل						
		Under penalt	ies of perjury	, I declare that I have	e examined this return	n including accompany er) is based on all info	ring schedul	les and stat	ements, and	d to the best of	of my kr	nowledge and belief,	ıt ıs
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Si	gn		wh	ua 10	14						<u> 10 .</u>	<u> </u>	
H	ere	Signatur	e of officer						U	ate			
			ara Fi										
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_							Date	e /	10	Check if self-		Preparer's identifying (see instructions)	number
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	re- arer	signature	- 1/	man s. Util				1' /	<u>"</u>			••	
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	nly	employed), address, and		0 South L	incoln St					EIN ►		A. =	
		ZIP + 4	Lit	tleton			80122			Phone no P	(30		
Ma	ay th	e IRS discuss t	hıs return	with the prepare	er shown above	(see instructions	s)					X Yes	No

Professional Independent Insurance Agents of Colo Inc 84-1203189 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Is the organization required to complete Schedule B, Schedule of Contributors? . . 2 Х 3 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Х 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, 6 Part I 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 Х The same and the s 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 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—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 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х 15 Х 16 Х 17 Х 18 Х

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,

Х

х

19

Page 4

Checklist of Required Schedules (continued)

No Yes 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х . 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х 28c Х 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 38 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Page 5

			Yes	No
1 a	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 22		i i i i i i i i i i i i i i i i i i i	ا ده ا مارین دورن
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		75	g) (
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	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	李		,
2 t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	177	44 h	£
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	х	
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	Х	
4 a	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		х
b	If 'Yes,' enter the name of the foreign country:		. *	is in
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	龙	r + 9 2 - 7484	ing.
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6 a	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		х
Ł	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	1	衍进	نها بيّن رايا
ā	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		X
ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7c		х
(I If 'Yes,' indicate the number of Forms 8282 filed during the year	34	A 460°	,
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. <u>7g</u>		
ı	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	. <u>7h</u>	×	ļ
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	100	76 F E
9	Sponsoring organizations maintaining donor advised funds.	. 0	Si , (1 4 1
٠,	a Did the organization make any taxable distributions under section 4966?	9a	3	1
	Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
	Section 501(c)(7) organizations. Enter:		<u> </u>	152
	Initiation fees and capital contributions included on Part VIII, line 12		三直	
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1. A. I	群
	Section 501(c)(12) organizations. Enter:	湿		[編]
	a Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
	a 16 Year I optor the amount of tay exempt interest received or accrued during the year	1 "11/2" "	·, , ·	4 ~~~

84-1203189 Form 990 (2009) Professional Independent Insurance Agents of Colo Inc 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. **Governing Body and Management** Section A. Yes No 1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent 1b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its organizational documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Х 5 X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7b X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? 86 Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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. (This Section B requests information about policies not required by the Internal Section B. Policies Revenue Code) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 х 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 X 14 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? 15 a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ... 16a 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 16b Section C. Disclosures List the states with which a copy of this Form 990 is required to be filed ▶ 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. Another's website X Upon request Own website

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶Julie Bourne 1660 S Albion St, #518 Denver CO 80222-4043 (303) 512-0627

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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	compens	ate ar	у си	rrer	nt of	ficer, o	direc	ctor, or trustee.		
(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average hours					hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	and victory for the second	institutional trustee	Officer	Key employee	Higl est മാന്മുങ്ങളിലേ employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
M_Gallagher Director	1.00	х						0.	0.	0.
H_Ham	1.00	х						0.	0.	0.
L Lewis Director	1.00	х						0.	0.	0.
J Matthews Director	1.00	х						0.	0.	0.
K Dufford Director	1.00	х						0.	0.	0.
E Weedin At Large Director	1.00	х						0.	0.	0.
J Cary Secretary/Treasurer	1.00			х				0.	0.	0.
M Rifkin State Natl Director	1.00	Х						0.	0.	0.
J Putnam Past President	1.00	х						0.	0.	0.
D Camilletti President	1.00			х				0.	0.	0.
D_AdamsPresident-Elect	1.00			Х				0.	0.	0.
J_HowesVice President	1.00			х				0.	0.	0.
B Fidler Exec Vice President	40.00			х				106,396.	0.	7,448.
	· 		<u> </u>							
			_				_			
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Part VIII Section A. Officers, Directors, Trus	tees, K	еy	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours			_	_			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from	Estimated amount of other
	per week	Indiv	Institutional	Officer	Key employee	Highest compensated employee	Former	the organization	related organizations (W-2/1099-MISC)	compensation from the
		recto	n to	ij	emp	est c	ner	(N 2 1033 IIII00)	(11 21 1033 111100)	organization and related
]	2. 2.	nal t		loye	e song				organizations
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1 b Total	• • •						>	106,396.] 0.	7,448.
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reportab	le compensation
from the organization > 1										
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	empl	oye	e, or	r hig	hest compensated	l employee	3 V
on line 1a? If 'Yes,' complete Schedule J for such in										. 3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater to	an \$150),000)? <i>[[</i>	f 'Ye	es' c	omp	olete	Schedule J for su	ich	
individual	•					·				. 4 X
5 Did any person listed on line 1a receive or accrue co	ompensa	ation	froi	m ar	ny u	nrela	ated	organization for s	services	
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	per	son					. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ad indon	and			t	ara t	hat	rosewed more the	5 \$100 000 of	
compensation from the organization	за таер	enue	ent t	COIIL	ract	ois t	ınaı	received more tha	111 \$100,000 01	
(A)		•						(B	,	(C)
Name and business addres	s							Description	of Services	Compensation
2 Total number of independent contractors (including	but not l	imite	ed to	o the	ose	liste	d ab	ove) who received	d more than	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la
\$100,000 in compensation from the organization >										

rar	ζVΙ	iii Statement of Re	venue										
				-	(A) Total revenue		(B) Related exem functi reven	d or pt on	t	(C) Inrelate ousines revenue	s	exclu- und	(D) Revenue ded from tax ler sections 513, or 514
' 	1.	Cadanata di composione	1a			\neg	., .					1	
돌입		Federated campaigns	· -			1		ľ				l	
\$3	b	Membership dues	1b			- 1	-	1				ĺ	-
프	С	Fundraising events	1c		18	-						ĺ	
S A		Related organizations .		500.								1	
5 3		-			**	- 1							-
Šξ	е	Government grants (contributio	ns) 1e		-	Į,						ĺ	p.e 5
흔씱	f	All other contributions, gifts, gr	rants and		,							ĺ	
듦	•	similar amounts not included a	bove . 1f	4,075.									i.
E 0	_	Noncash contribus included in				-						l	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_		ш татп		4 575	-1	•					ł	Ť
	<u>h</u>	Total. Add lines 1a-1f			4,575	·			, t				
PROGRAM SERVICE REVENUE				Business Code									
<u> </u>	2a	Membership dues	5	900099	270,924	1.	270	,924.			0.	Ĺ	0.
ğ		Educ Programs/C		611430	407,730			,730.			0.		0.
ᆢ						_	107	0.			0.		151,694.
Σį	С	Convention/Trad	<u>snow</u>	900099	151,694	╧╧┼		0.			0.	├──	131,034.
Ä	d											<u> </u>	
Σį	e					1						ł	
₹		All other program conju				一		-					
õ		All other program servic		•	020 240	+		-	*		·		
-	g	Total. Add lines 2a-2f .	. <u> </u>		830,348	5 - 					<u> </u>	├──	<u> </u>
	3	Investment income (incl	udına dividende	s, interest and								l	
Ì	-	other similar amounts)		·	6, <u>333</u>	3.		0.			0.		6,333.
ì	4	Income from investment	of tax-exempt	bond proceeds				-				1	
ĺ	_		or tax exempt	>	71,228	5		0.		3.0	000.		41,228.
	5	Royalties	· · · · ·		/1,220		\$ 14 OF	*\$* .f\:	, ag	E . 13	****		41,220.
- 1			(i) Real	(II) Personal	3 7 m 1994	- E	: '		30	• • • • • • • • • • • • • • • • • • • •	•	1	
ŀ	6a	Gross Rents			沙声 带着		1 19	yi -žί	Ž.	- 12m	٠,	7-	
i	h	Less: rental expenses				1				: £	,e <u>.</u> .	ي ا	80 de
			·			1	,	, ,	i,	į.	3000 1	*	· · · · · ·
		Rental income or (loss)			 		1	_ -					
	d	l Net rental income or (lo										Ь—	
	7 2	Gross amount from sales of	(i) Securities	(ii) Other]] [4	' \{`	1. 海 奉	. 5. Nor	4	è. , 3	٠,١	~	Σ 1 16°,
	, ,	assets other than inventory	407,884				1. 1: 1.	***	. ه	n	δ.		و چې پوړې ا
- 1		-				ľ		,		, ,		. 3	
	t	Less: cost or other basis	402 261		強 水 智一温	٠, ١	ී ක් ණ	P ==	.	√. ~ '	\$ ~ · · ·	·-	
		and sales expenses	403,361		4			,	,	, .		1	. b
	C	Gain or (loss)	4,523	<u> </u>	rf 通子·原		i 4 i	253 12	fr.	*	- *	<u> </u>	÷\$ 1
	c	Net gain or (loss)		<u>►</u>	4,523	3 .		0.			0.	<u> </u>	4,523.
	_	0						1	7.	,			
w l	82	Gross income from fund	iraising events	}		•	ī 🍁 🖫	Tage 1 8 8 3	Σij.,	- +¢	a	<u> </u>	ý ' ĝ'
2		(not including \$		•						ē	•	1	
2		of contributions reported	d on line 1c).		1 1 1 2	- 1	, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	3 .	3	4 .,		1	* -
2		See Part IV, line 18.		a 21,120.			z & \$		4	, شي		-	· ~ ~
OTHER REVEN	ŀ	Less: direct expenses		b 18,333.	·	. }						<u> </u>	<u>.</u>
0		: Net income or (loss) fro			2,787	7	2	,787.			0.		0.
	,	, Net income or (loss) no	in lunuraising v	SVEIRS	2,10,	$\overset{\cdot }{\vdash }$,,,,,,				 	- ·
	9 8	Gross income from gam	ning activities.		, *		* " "	*, '				1.	
		See Part IV, line 19		a			? -⊊ '	4 4	1		٠, ٠	1	ζ.,
	1	Less: direct expenses		b		1			<u> </u>			<u> </u>	
		Net income or (loss) fro	m gaming activ	/ities►								j .	
		• •			; ±,	, ,	- 7 -			~	- ,	1	r 1 .
	10	a Gross sales of inventor	y, less returns		Ì	- 1	r		ŀ	-			
		and allowances			.		, at, .	, ,	1	.,			, "
	l	Less: cost of goods sold	d	b									
		Net income or (loss) fro			•							1	
	 	Miscellaneous Rever		Business Code	· .			સ્યું પ	1.	*	*	-	· · · · · · · · · · · · · · · · · · ·
					319,780	$\overline{}$	\	0.	├ ं	319,	720	1	0.
		Mgmt fees-subs		541900					+			+	
		<u> Advertising fe</u>		541800	63,400	_		0.	↓	63,	400.		0.
	، ا	c Young agent activi	ties & other	900099	5,566	<u>6.</u>		0.	<u></u>		343.		5,223.
		d All other revenue											
		e Total. Add lines 11a-11	 d		388,740	5	. 4	_	Τ.	. !			· - \$
	'	E lotal. Add lines i la-i l			1 308 540	_	······································	441	 	413	522	+	209 001
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		,			. nxl	71 /1 1			1/1		

Page 10

Partix Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	•	ations must complete a e not required to compl		d (D).
	not include amounts reported on lines 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				18
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			inipate a la a and a second	
5	Compensation of current officers, directors, trustees, and key employees	116,974.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	249,556.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer				
_	contributions)	12,735.			
9	Other employee benefits	15,041.		 	
10	· ,	31,269.			
	Fees for services (non-employees)			 	
	a Management	4 507		 	
	b Legal	4,527.			
	Accounting	33,000.			
	Lobbying	18,771.			
	Prof fundraising svcs. See Part IV, In 17	2,087.		A	
	g Other	7,055.		 	
	·	7,055.	<u> </u>	 -	<u> </u>
13	Advertising and promotion	51,422.			
14	Information technology	8,228.			
15	Royalties	0,2201		<u> </u>	
16	Occupancy	70,351.		 	<u> </u>
17	Travel	36,177.		<u> </u>	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings .	420,855.			
20	Interest [
21	Payments to affiliates	63,678.		<u> </u>	
22	Depreciation, depletion, and amortization	4,102.		<u> </u>	
23		13,607.			
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below.)a CIN-publication costs	19,190.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b Legislative & lobbying costs	21,827.			
	c Income taxes	12,412.		 	
	d Membership-supplies, promo, & other	5,130.		 	
	e Dues & subscriptions	5,090.		† 	
	f All other expenses	11,538.		1	
	Total functional expenses. Add lines 1 through 24f	1,234,622.			
	Joint costs. Check here Inf 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				
BA	·				Form 990 (2009

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	168,320.	1	22,447.
	2	Savings and temporary cash investments	416,795.	2	562,153.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75,610.	4	72,034.
	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))		i i i i i i i i i i i i i i i i i i i	物。在对数据设计
.		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	26,898.	9	24,464.
	10a	Land, buildings, and equipment: cost or other basis 10a 79,483.	Marian Transport		
		Complete Part VI of Schedule D		灩	
	ь	Less: accumulated depreciation	13,433.	10c	12,844.
	11	Investments – publicly-traded securities		11	580,040.
	12	Investments – other securities. See Part IV, line 11		12	20,000.
	13	Investments – program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
i	15	Other assets. See Part IV, line 11	28,649.	15	22,526.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,317,081.	16	1,316,508.
	17	Accounts payable and accrued expenses	165,050.	17	35,785.
	18	Grants payable		18	
	19	Deferred revenue	74,718.	19	117,026.
Ļ	20	Tax-exempt bond liabilities	1177101	20	227,020.
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
BILL	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	全是企业		
Ť		of Schedule L		22	NAME OF THE OWNER OWNER OF THE OWNER
E	23	Secured mortgages and notes payable to unrelated third parties		23	
Ū	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0.	25	7,540.
	26	Total liabilities. Add innes 17 through 25	239,768.	26	160,351.
Z E		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets . ,	1,056,487.	27	1,136,527.
Š	28	Temporarily restricted net assets	_20,826.	28	19,630.
Ē	29	Permanently restricted net assets		29	13,030.
R	23	Organizations that do not follow SFAS 117, check here ► and complete			Christian Street Control
		lines 30 through 34.			
F UND	30	O A A A A A A A A A A A A A A A A A A A		30	
	t .	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ã	31	· · · · · · · · · · · · · · · · · · ·		32	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	1 077 212		1 156 157
B女し女艺ひ世の	33	Total net assets or fund balances		33	1,156,157.
<u> </u>	34	Total liabilities and net assets/fund balances	1,317,081.	<u>34</u>	1,316,508. Form 990 (2009)

2ditt Xing Financial Statements and reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X 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?	2		Х
b Were the organization's financial statements audited by an independent accountant?	. 21	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X	
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 X Consolidated basis Both consolidated and separate basis		ļ	
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?	3		х
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	dit 31	,	

BAA

Form 990 (2009)

Page **12**

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.

lf tha	organization	ancwared !	Vac 14	la Farm	aaa	Dart IV	line 5	Draw	Tavl	thon
n me	organization	answereu	145, I	lo romii	フフひ.	Part IV.	iine o i	FIUXY	lax).	, wen

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

ridine of organization			Employer identifica	MOII Hallibet
Professional Independ	ent Insurance Agents of Co.	lo Inc	84-120318	
Part I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	ection 527 organiz	ation.
1 Provide a description of the o	organization's direct and indirect political ca	impaign activities in Pa	art IV.	
2 Political expenditures			▶\$	5,300.
3 Volunteer hours				0
Part I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1 Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	▶\$	
2 Enter the amount of any exci	se tax incurred by organization managers i	inder 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 or	rganization is exempt under section	on 501(c), except	section 501(c)(3).	
	pended by the filing organization for section			
2 Enter the amount of the filing	organization's funds contributed to other o	rganizations for section	·	
				5,300.
2 Total of exempt function expe	enditures. Add lines 1 and 2. Enter here an	d on Form 1120-POI	•	
			▶\$	5,300.
4 Did the filing organization file	Form 1120-POL for this year?			Yes X No
5 Enter the names, addresses	and employer identification number (EIN) of	of all section 527 politic	cal organizations to which	ch payments were
made. For each organization	listed, enter the amount paid from the filingere promptly and directly delivered to a sep	g organization's funds.	Also enter the amount	of political
or a political action committee	e (PAC). If additional space is needed, pro	vide information in Pa	rt IV.	te segregateu lunu
(a) Na	(h) Address	(c) EIN		(a) Amount of a literal
(a) Name	(b) Address	(c) E114	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and
			if none, enter-u	promptly and directly delivered to a separate political organization.
				If none, enter -0-
Twenty First Century Colorado	PO Box 238			
-	Denver CO 80237	26-1309164	0.	500.
Accountability for Colorado	PO Box 372217			
-	Denver CO 80237	26-1297405	0.	500.
Colorado Leadership Fund	PO Box 238			
	Denver CO 80201	84-1664434	0.	500.
Senate Republican Majority Fund				
	Denver CO 80218	14-1858703	0.	500.
CTE Karen Cullen	PO Box 1025			
-	Manitou Springs CO 80829	**	0.	200.
				

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

See Schedule C, Part I-C, Line 5 (Continuation Sheet)

Schedule C (Form 990 or 990-EZ) 2009

** - Unable to obtain EIN. Organization has been dissolved.

Schedule C (Form 990 or 990-EZ) 200					
Pantill-A Complete if section 501(the organizatior h)).	is exempt under se	ction 501(c)(3) and	d filed Form 5768	(election under
A Check ► If the filir	ng organization beloi	ngs to an affiliated group.			<u></u>
B Check ► If the filing	ng organization chec	ked box A and 'limited cor	trol' provisions apply.		
(The term	Limits on Lobbyir 'expenditures' mea	ng Expenditures – ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	res to influence pub	lic opinion (grass roots lot	bying)		
b Total lobbying expenditu					
c Total lobbying expenditu	ires (add lines 1a ar	nd 1b)			
d Other exempt purpose e	expenditures			.[
e Total exempt purpose ex	xpenditures (add line	es 1c and 1d)			
f Lobbying nontaxable am both columns.	ount. Enter the amo	ount from the following table	e ın		
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable a	mount is:	100 P	
Not over \$500,000	1	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.	\$	23
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		strik da da da da da da da da da da da da da	
g Grassroots nontaxable a	mount (enter 25% o	of line 1f)			
h Subtract line 1g from lin	e 1a. If zero or less,	, enter -0			
i Subtract line 1f from line	e 1c. If zero or less,	enter -0			
j If there is an amount other section 4911 tax for this		ner line 1h or line 1i, did th			Yes No
		4-Year Averaging Period I			
(Son	ne organizations tha	nt made a section 501(h) e ns below. See the instructi	lection do not have to	complete all of the fiv gh 2f.)	e
	Lobb	oying Expenditures During	4-Year Averaging Per	riod	
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					
BAA				Schedule C	Form 990 or 990-EZ) 2009

Pariti IB	Complete if the	organization	is exempt u	nder section	501(c)(3)	and has NOT	filed Form	5768
	(election under	section 501(h)).		(-/(/			

	(2	2)	(b)
	Yes	No	Amount
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.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>		
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?			
RankllifA Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or s	ection 501(c)(6).
		·	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
RandillEB Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	is a	nswe	red 'Yes.'
1 Dues, assessments and similar amounts from members		1	271,758.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year	• • • • •	2a	61,967.
b Carryover from last year		2b	-7,739.
c Total		2c	54,228.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	42,774.
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 politic	al		11 454
expenditure next year?		5	11,454.
Partity Supplemental Information		3	<u> </u>
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 Also, complete this part for any additional information.	Part I	I-B, lin	ne 1ı.
Pt I-A Line 1 The Association established the Committee for Finan	cial	Ris	<u>sk</u> .
Services as a state level PAC with the Colorado Sec	reta	ry_	
of State. It is a separate segregated fund, and all			
contributions collected are deposited directly into	its	<u>bar</u>	<u>ık</u>
account. Contributions paid by this Committee are o	nly	made	2
to political campaign committees which are register			000 000 570 2000

Schedule C (Form 990 or 990-EZ) 2009 Professional Independent Insurance Agents of Colo Inc 84-1203189 Partive Supplemental Information (continued)	Page 4
in the state of Colorado. During YE 10/31/10, a total	
of \$5,300 in such contributions were made.	
	- -

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, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047 inspection

Name of the organization Employer Identification number Professional Independent Insurance Agents of Colo Inc 84-1203189 Partiি 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 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990 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 certified historic structure Preservation of open space 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 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements . . . c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ 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)? ... 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: 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 . .

Schedule D (Form 990) 2009 Professiona				84-120		Page 2
Pantill Organizations Maintaining	Collections	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (contir	nued)
3 Using the organization's acquisition accented items (check all that apply):	ession and oth	_	-	t are a significant use o	of its collection	n
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e U Other				
c Preservation for future generations						
4 Provide a description of the organization Part XIV.		•			ın	
5 During the year, did the organization soll assets to be sold to raise funds rather the	icit or receive ian to be mair	donations of art, itained as part of	historical treasures, or o the organization's collec	ther similar tion?	Yes	□No
Escrow and Custodial Arra 9, or reported an amount or	ngements	Complete if o	rganization answere		90, Part IV	, line
1 a Is the organization an agent, trustee, curincluded on Form 990, Part X?	stodian, or oth	ner intermediary f	or contributions or other	assets not	Yes	No
b If 'Yes,' explain the arrangement in Part						
					Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1d		
e Distributions during the year				. 1e		
f Ending balance				. 1f		
2a Did the organization include an amount		Part X, line 21?			Yes	∐ No
b If 'Yes,' explain the arrangement in Part						
Part V Endowment Funds Complet		T .				
 	Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance					10 No. 10	
b Contributions					S 5	# 22 y -
c Net Investment earnings, gains, and losses					्रि स्ट्र	
d Grants or scholarships					a 1 an 1 an 4 an 1 an 1 an 1 an 1 an 1 a	
Other expenditures for facilities and programs						
f Administrative expenses			* * * * * * * * * * * * * * * * * * *		\$ 10 mg/c	
g End of year balance		1		محد الخ	<u></u>	<u> </u>
2 Provide the estimated percentage of the	•	ance held as:				
a Board designated or quasi-endowment	<u> </u>	<u> </u>				
b Permanent endowment ►	<u> </u>					
c Term endowment ►	\$					
3a Are there endowment funds not in the pe	ossession of t	he organization th	nat are held and administ	tered for the		
organization by:					Yes	No
(i) unrelated organizations					3a(i)	+
(ii) related organizations b if 'Yes' to 3a(ii), are the related organizations					3a(ii) 3b	+
4 Describe in Part XIV the intended uses of		•			30	
Part VI Investments—Land, Buildir				line 10		
Description of investment		st or other basis	(b) Cost or other	(c) Accumulated	(d) Book	Value
		investment)	basis (other)	Depreciation		
1a Land						
b Buildings	·					
c Leasehold improvements			4,308.	1,961.		2,347.
d Equipment	· ··		75,175.	64,678.	1	0,497.
e Other						
Total. Add lines 1a through 1e (Column (d) m	ust equal Fori	т 990, Part X, со	lumn (B), line 10(c).) .			2,844.
BAA				Sched	dule D (Form	990) 2009

Schedule D (Form 990) 2009 Professional Independe			_ 84-12	03189	Page 3
PartVIII Investments-Other Securities See Fo	rm 990, Part X, III	ne 12.	·		
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valua or end-of-year mai	ation ket value	
Financial derivatives					
Closely-held equity interests					
Other			<u>-</u> .		
			····		
			_		
		6.50		,	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	000 D 1 V		11 M		¥
RantVIII Investments—Program Related (See I					
(a) Description of investment type	(b) Book value	Cost	(c) Method of valuator or end-of-year mail	ation rket value	
			or one or your man	NOT VAIGO	
	· —		· · · · · · · · · · · · · · · · · · ·	 .	
					
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)					
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part X Other Assets (See Form 990, Part X,	line 15)				
Partixe Other Assets (See Form 990, Part X,	line 15) scription				ok value
Partixe Other Assets (See Form 990, Part X,		Section 3			ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Partixe Other Assets (See Form 990, Part X,					ok value
Part X, (a) De	scription				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	scription ne 15)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)				ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), Internal Column (ne 15) X, line 25)	540.			ok value

		03169 Fage 4
Pai	t XI၍ Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	•
3	Excess or (deficit) for the year. Subtract line 2 from line 1	· <u> </u>
4	Net unrealized gains (losses) on investments	,
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Pai	rt XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
i	a Net unrealized gains on investments 2a 2a	
ı	b Donated services and use of facilities	
	Recoveries of prior year grants	
	d Other (Describe in Part XIV) 2d	
	e Add lines 2a through 2d	е
3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	a Investments expenses not included on Form 990, Part VIII, line 7b 4a	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b	c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
;	a Donated services and use of facilities	
	b Prior year adjustments	
	c Other losses	
	d Other (Describe in Part XIV)	
	e Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
-	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b	Č
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	
	rt XIV Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1h and 2h: Part V
lıne	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 primation.	rovide any additional
<u>Pt</u>	X, Line 2 The Organization was included in audited consolidated fi	nancial
	statements for the year ended 10/31/10. The financial s	tatements
	footnotes include the following:	
	INCOME TAXES:	
	Professional Independent Insurance Agents of Colorado, I	nc. is
	exempt from income taxes under the provisions of Interna	1
	Revenue Code Section 501(c)(6). However, certain of PII	AC's
BA		hedule D (Form 990) 2009

BAA

of Colo Inc. Independent Insurance Agents of Colo Inc. Intal Information (continued)	84-1203189 Page 5
 activities are considered unrelated to its ex	empt_purpose,
 and therefore taxable under Internal Revenue	Code_Section
 511. These unrelated business activities res	ulted_in
 Federal taxable income of \$55,918 for the yea	r_ended
 October 31, 2010.	
 The components of the provision for income ta	xes are as follows:
 Current paid or payable:	
 PIIAC \$12,412	
 ACCOUNTING FOR UNCERTAIN TAX POSITIONS	:
 The Organization adopted ASC 740-10-25, Incom	e Taxes Overall
 Recognition, on July 1, 2009, which provides	criteria for
 the recognition, measurement, presentation an	d disclosure
 of uncertain tax position. The Organization	must_recognize
 the tax benefit from an uncertain tax position	n only if it
 is more likely than not that the tax position	will be sustained
 on examination by the taxing authorities, bas	ed on the technical
 merits of the position. The tax benefits rec	ognized in the
 financial statements from such a position are	measured based
 on the largest benefit that has a greater tha	n_50%_likelihood
 of being realized upon ultimate resolution.	The Organization
 did not recognize any additional liabilities	for uncertain
 tax positions as a result of the implementati	on of ASC 740-10-25.
 The Organization is no longer subject to U.S.	_federal,_state,
 and local, or non-U.S. income tax examination	s by tax
authorities for years before 2008.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form990 or Form 990-EZ. ➤ See separate instructions.

Name of the organization					Employer Identifica	ition number
Professional Independent	Insurance	Agent	s of Co	olo Inc	84-120318	9
Part Fundraising Activities. Comple Form 990EZ filers are not requ	ete if the organ	ization and te this part	swered 'Ye	es' to Form 990, Part IV		
1 Indicate whether the organization ra						
Mail solicitations		_ ,		Solicitation of non-		
Internet and email solicitations				Solicitation of gove		
Phone solicitations				Special fundraising	-	
) 				D Special idilicialising	events	
In-person solicitations				/al.,		
2a Did the organization have written or employees listed in Form 990, Part	r oral agreemei vil) or entity ii	nt with any n connecti	on with pro	ofessional fundraising se	ervices?	Yes No
b If 'Yes,' list the ten highest paid inc compensated at least \$5,000 by the	lividuals or enti			_		
		Τ			(v) Amount paid to	
(i) Name of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)		nave custor	dy or control ibutions?	from activity	fundraiser listed in col.(i)	(or retained by) organization
				<u> </u>	001.(1)	organization
		Yes	No			
		<u> </u>				
			}			
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Total			>			
3 List all states in which the organiza	ation is register	ed or licer	sed to solu	cit funds or has been no	otified it is exempt from	registration
or licensing.	attorn to neglector	00 01 11001			outroa ic to oxompe irom	. 0 9.0 4 4.0 1.
					. 	
					·	
						
					- <i></i>	

Schedule G (Form 990 or 990-EZ) 2009 Professional Independent Insurance Agents of Colo Inc 84-1203189 Page 2 Part II: Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (d) Total Events (Add col. (a) through col. (c)) (a) Event #1 (b) Event #2 (c) Other Events NONE Nabity golf Youth golf REVENUE (event type) (event type) (total number) 11,910 9,210. 21,120. 1 Gross receipts . 0 0. 2 Less: Charitable contributions 9,210. 21,120. 3 Gross income (line 1 minus line 2) 11,910. 4 Cash prizes . . 600 600. 5 Noncash prizes DIRECT EXPENSES 6 Rent/facility costs 4,800. 6,777 11,577. 826. 669 1,495. 7 Food and beverages 8 Entertainment 492 4,169 Other direct expenses 4,661. 18,333. 10 Direct expense summary. Add lines 4- through 9 in column (d) 2,787. Net income summary Combine lines 3, column (d) and line 10 **Part III** Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col. (a) through col. (c)) (b) Pull tabs/Instant (c) Other gaming (a) Bingo REVENUE bingo/progressive bingo 1 Gross revenue 2 Cash prizes .. . DIRECT 3 Non-cash prizes . . 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor . . . 8 Net gaming income summary. Combine lines 1, column (d) and line 7 YES NO 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? . 9a b If 'No,' explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain: 11 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 Pr	ofessional Independent Insurance Agents of Colo Inc 84-120	3189		Page 3
			YES	NO
13 Indicate the percentage of gaming activ			è	
		ક		
		ૠ		
14 Enter the name and address of the per	son who prepares the organization's gaming/special events books and records:			
Name:		- –	1	
			-	
Address: -				
	II II I I I I I I I I I I I I I I I I	15a	4	4
	with a third party from whom the organization receives gaming revenue?			
	venue received by the organization \$ and the amount			
of gaming revenue retained by the third			2 :	
c If 'Yes,' enter name and address of the	e third party:			
N		-		
Name: •		·-	1. ;	
A -				
Address:				
16 Camera manager information			1	*
16 Gaming manager information) jac	i i i	
Name &		4		
Name:		-		Ť
Gaming manager compensation ► \$		- P		. 3
Gaming manager compensation > \$	·	4.		
Description of congress provided:				- 43
Description of services provided.				
Director/officer	Employee Independent contractor	254	. 4	- 85
Director/officer	Imployee Independent contractor	· £	, e	\$ 5
17 Mondaton, distributions		1		3.
17 Mandatory distributions		*		
a Is the organization required under state state gaming license?	e law to make charitable distributions from the gaming proceeds to retain the	178	3	
	ired under state law to be distributed to other exempt organizations or spent in t		- 4	
organization's own exempt activities d				التوال
RAA	TEFA3703 02/05/10 Schedule G (For	m 990 or !	990.F	7) 2000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Employer Identification number

2009 Open to Public Supplies Supplies to Public Supplies Supplies to Public Supplies S

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

Professional Inde	pendent Insurance Agents of Colo Inc 84-1203189
Pt_VI-A, Line 2	Shauna Fidler, who was employed by the Association (until 9/24/10)
-	but was not a key employee, is the daughter-in-law of Barbara
	Fidler, an officer of the organization.
Pt_VI-A, Line_6_	All members have equal voting rights, and no member has the
	right to receive a share of the net assets upon the
	dissolution of the Association.
Pt_VI-A, Line_7a	In accordance with the bylaws, a member may be elected to the
	Board of Directors for a three-year term. Members elect
	directors at the Association's annual meeting. The President
	can appoint an individual to complete a term if a Board
	member resigns or vacates his/her position.
Pt_VI-A, Line 7b	Any changes to the Association's bylaws must be approved by
	the membership at the annual meeting.
Pt_VI-B, Line 112	Form 990 is prepared by a CPA firm in conjunction with the
~	Executive Director. Each Board member receives a copy
~	prior to filing; however the Board will not review the
	Form 990 as part of its Board activities.
Pt_VI-B, Line 12d	The Association has a written conflict of interest policy
~	which requires all officers, directors, and staff to
	complete a questionnaire annually. The questionnaires are
	reviewed by staff for any potential conflicts. Any
	conflicts are referred to the Board for review.
Pt_VI-B, Line 15	Board members are not compensated. The Review Committee
	of the Board reviews the performance and compensation
	package of the Executive Director on an annual basis.
	The committee reviews data regarding comparable compensation

Schedule O (Form 990) 20	009 '	Page 2
Name of the organization	dependent Insurance Agents of Colo Inc	Employer identification number 84-1203189
Professional inc	rependent insurance Agents of coro inc	104 1203103
	from similar organizations and positions, and	retains
	documentation with respect to their deliberati	ons_and
	decisions	
Pt_VI-C, Line_19	All of the documents (including governing docu	ments,
	conflict_of_interest_policy, Form_990, etc.)_a	re available
	upon request.	
Pt XI, Line 2b	The Association's financial statements are inc	luded in
	consolidated financial statements, which are a	udited
	annually by independent accountants. The cons	olidated
	financial statements include the accounts of t	he wholly
	owned subsidiary (See Schedule R).	
Pt I, Line 12	The Total Revenue does not reflect the unreali	zed gains
	on securities of \$4,926.	
Pt IX, Line 19	Expenses_include_\$274,326_related_to_the_Educa	tion_classes
	held by the Association during the fiscal year	
Pt X, Line 4	The 10/31/10 balance includes an Account Recei	vable of \$60,724
	from the Association's wholly-owned subsidiary	
	(See Schedule R)	
Pt X, Line T7	The 10/31/10_balance_includes \$6,992_in_accrue	d vacation
	pay payable to the Executive Director, in acco	rdance
	with the Association's vacation policy.	
Pt IV, Line 12a	The Association's financial statements are inc	luded in
	consolidated_financial_statements, which are a	udited
	annually by independent accountants. The cons	olidated
	financial statements are prepared in accordance	e with
	GAAP	
Pt IV, Line 28b	Barbara Fidler is the Executive Director of th	e Association.

Schedule O (Form 990) 2009		Page 2
Name of the organization Professional Independent Insurance Agents o	f Colo Inc	Employer identification number 84-1203189
Her daughter-in-law (Shau		time employee
of the Association until		
Pt IV, Line 28c Barbara Fidler is the Exe		Association.
She also serves as the Se		
Service Corporation, which	n is a wholly-owned so	institutary.
(See Schedule R)		
		-

SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

- Attach to Form 990.

See separate instructions. Related Organizations and Unrelated Partnerships

Paries Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

Professional Independent Insurance Agents of Colo Inc

2009

OMB No 1545-0047

Employer identification number

84-1203189

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Parily Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section **(D)** Total income TEEA5001 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity

Page 2

84-1203189

Schedule R (Form 990) 2009 Professional Independent Insurance Agents of Colo Inc

R4-1203189 F

Part. III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34

te amount in box managing ons? 20 of Schedule partner?
tionate locations?
allocations
1011 (0) (1)
Conntro

art IV,	(H) Percentage ownership	100.00	
tion answered 'Yes' to Form 990, Partax year.)	(G) Share of end-of-year assets	1,138,390.	
	(C) Legal domicile Direct Type of entity (C corp, S corp, country) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	565,616.	
if the organiz trust during th	(E) Type of entity (C corp, S corp, or trust)	_ا ن	
rust (Complete	(D) Direct controlling entity	N/A	
ocration or Trustreated as a cor	(C) Legal domicile (state or foreign country)	00	
axable as a Cor	(B) Primary Activity	Sales/Marketing insurance products CO	
PareIV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Name, address, and EIN of related organization	Agents Service Corporation 84-1098011 1660 S Albion St Denver, CO 80222-4043	

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

BAA

84-1203189

Part.V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.) Schedule R (Form 990) 2009 Professional Independent Insurance Agents of Colo Inc

Make Ormalist line 1 is and and both in Dorde II II or IV of this schoolile		Yes	ž
Note: Complete filled the prognization engage in that St. (11) of this schedule.	٠.	下漏 多花	, P1
a Receipt of (i) Interest (ii) annuities (iii) royalities (iv) rent from a controlled entity.	:	1a X	
b Gift grant or capital contribution to other organization(s)		1 b	×
Ø		1c	X
		14	×
d Edgis of John Strangford has propried by other propried by		1e	×
e Loans or loan guarantees by other organization(s)		· 上	なが
(Colo of accate to other organization(s)		11	×
		10	×
		- T	×
		;	{ }
i Lease of facilities, equipment, or other assets to other organization(s)	:	- C	4
: I ame of familiar commant or other sceate from other organization(c)		11	×
Lease of idelines, equipment, of ones assession for a construction of the construction of sequences or membership or fundrations for other organization(s)		1 X	
I Performance of services or membership or fundraising solicitations by other organization(s)	•	=	×
m Sharing of facilities, equipment, mailing lists or other assets		1 H	×
n Sharing of paid employees	:	- u	×
		1	
o Reimbursement baid to other organization for expenses		10	×
		10	×
p remindratement paid by ones organization of paid to the contract of the cont	•	で ある ない できる ない ない できる ない ない ない ない ない ない ない ない ない ない ない ない ない	1.5
• Other transfer of cash or property to other organization(s)		1a	×
Other transfer of cash or property from other organization(s)		1.	L
	and transaction threshold		
	(B)	<u></u>	
Name of other organization	Transaction type (a-r)	Amount involved	,eq
			0
(1) Agents Service Corporation	ď	36, (900
(2) Agents Service Corporation	X	341,4	405.
(3) Account Council of	٤	5.2	650
(5)			
		i i	
BAA TEEA5003 02065/10	Schedule	Schedule R (Form 990) (2009)	2003 (2003

Schedule R (Form 990) 2009 Professional Independent Insurance Agents of Colo Inc

Parion Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? £ Yes 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. Code V-UBI amount (in box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? ž Yes (E) Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No (C)
Legal domicile
(state or foreign country) TEEA5004 02/05/10 (B) Primary activity (A)
Name, address, and EIN of entity 8A BA

Schedule C - Part IV - Supplemental Information (continued) Schedule C, Part I-C, Line 5 (Continuation Sheet)

(a) Name	1		(d) Amount paid from filing organization's own internal funds. If none, enter 0	(e) Amt of political contributions received & promptly/directly delivered to a separate political org. If none, enter 0
Johansson For HD 23	PO Box 16191 Golden CO 80402	**	0.	200.
Libby Szabo for HD 27	PO Box 746048 Arvada CO 80006	**	0.	200.
Ramierez for Colorado`	10354 W 107th Circle Westminster CO 80021	**	0.	200.
Beezley for HD 33	1277 St John Street Erie CO 80516	**	0.	200.
Vote Luke	PO Box 3468 Crested Butte CO 81224	**	0.	200.
Commuttee to Blect Sue Sc	4030 Reed Street Wheat Ridge CO 80033	**	0.	200.
Citizens for Andy Kerr	777 S Wadsworth Blvd, 2-203 Lakewood CO 80226	**	0.	200.
Claire Levy for State Rep	3186 Galena Way Boulder CO 80305	**	0.	400.
Citizens for Joe Rice	PO Box 38 Littleton CO 80160	**	0.	200.
Riesberg in 50 Committee	PO Box 1523 Greeley CO 80632	**	0.	200.
Committee to Elect Cheri	4030 Reed Street Wheat Ridge CO 80033	27-5248536	0.	200.
Rankin for Senate	351 Southside Drive Basalt CO 81621	**	0.	200.
Committee to Elect Lois T	10525 Dexter Drive Thornton CO 80233	**	0.	200.
Colorado Republican Leade	Denver CO 80202	27-2888588	0.	300.

Form 990, Page 10, Line 24f See All Other Expenses Smart Worksheet

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Miscellanous	259.			
Political contributions	5,300.			

Form 990 p 10: Part IX Statement of Functional Expenses

To enter assets, QuickZoom to				<u>家園</u>				
To view a calculated report of all depreciation information for Form 990,								
QuickZoom to the Depreciation	n/Amortization Rep	ort	=	 □ 200				
QuickZoom to Form 4562 for F	Form 990			◆ 記奏目制心				
The following items carry to line 22 below:								
The following items carry to line 2	22 below:							
The following items carry to line 2 	22 below: (A)	(B)	(C)	(D)				
The following items carry to line 2 Description		(B) Program	(C) Management	(D) Fundraising				
	(A)	_ , ,	, , ,	, , ,				
Description	(A)	Program	Management	, , ,				
Description	(A) Total	Program	Management	, , ,				

Form 990 p 10: Part IX Statement of Functional Expenses

Line 24	If - All Other Expe	enses Smart V	/orksheet					
The total of the following items of	arry to line 24f belo		1					
(A) (B) (C) (D) Description Total Program Management services and general								
Adv & Pub relations 225.								
Contributions 2,400.								
Staff exp & training 3,035.								
Personal prop tax	319.		l					
See See All Other Expenses Smart Worksheet	5,559.							

84-1203189

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission: strengthen professionalism in the insurance industry.

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		File a separ	ate application for	each return.				
If you are	filing for an A	utomatic 3-Month E	xtension, comple	ete only Part I and	check this box				. ► X
-		dditional (Not Auto				page 2 of this	form).		_
Do not comp	lete Part II un	<i>less</i> you have alread	ly been granted a	n automatic 3-mon	th extension on	a previously file	ed Form 886	58.	
Partie 4	utomatic :	3-Month Extensi	ion of Time. C	nly submit orig	inal (no copi	es needed).			
A corporation	required to fi	le Form 990-T and r	equesting an auto	matic 6-month ext	ension – check i	this box and co	mplete Part	I only	► 🗌
All other corp income tax re	orations (ıncli	uding 1120-C filers),	partnerships, RE	MICS, and trusts n	nust use Form 7	004 to request	an extensio	n of time to f	ile
Electronic Fil returns noted the additional Form 990-T. I	ing (e-file). Go below (6 mor (not automat nstead, you n	enerally, you can ele on the for a corporation ic) 3-month extension oust submit the fully defile and click on e-	n required to file l on or (2) you file l completed and s	Form 990-T). Howe Forms 990-BL, 6069 Janed page 2 (Part	ver, you cannot 9. or 8870. grou	file Form 8868 p returns, or a	electronica composite c	lly if (1) you v or consolidate	want ed
	Name of Exempt	Organization		· · · · · · · · · · · · · · · · · · ·			Employer ide	entification numb	er
Type or print									
•		onal Independ			of Colo In	c	84-120	3189	
File by the due date for	Number, street,	and room or suite number.	If a P O. box, see inst	ructions					
filing your return. See		lbion St, #5							
instructions.	City, town or pos	t office, state, and ZIP coo	de. For a foreign addres	ss, see instructions.					
	Denver		 -	· · · · · · · · · · · · · · · · · · ·			CO	80222-4	043
		filed (file a separate	_						
X Form 990		<u> </u>	Form 990-T (co	•	_	Form 47			
Form 990		-		ection 401(a) or 408	• •	Form 52			
Form 990		Ļ	=	ust other than abov	re)	Form 60			
Form 990)-PF		Form 1041-A			Form 88	70		
Telephon If the org If this is the check this	e No.►_(30 anization doe for a Group R	are of Julie B 3) 512-0627 s not have an office eturn, enter the orga . If it is for part of t	or place of busin	git Group Exemptio	tates, check this n Number (GEN	s box	f this is for		
1 I reque	st an automat	ic 3-month (6 month	ns for a corporation	n required to file F	orm 990-T) exte	ension of time			
		_, 20 <u>11</u> _, to file the organization's re		nization return for t	he organization	named above.			
_		r 20 or							
		inning Nov 1	. 20 09 .	and ending Oct	t 31 .20	<u> 10</u>			
_		less than 12 months		☐ Initial return			Change in a	accounting pe	eriod
3a If this a	application is undable credit	for Form 990-BL, 99 s. See instructions	0-PF, 990-T, 472	0, or 6069, enter th	e tentative tax,	less any	3a \$		0.
b If this a made.	application is Include any p	for Form 990-PF or rior year overpayme	990-T, enter any ent allowed as a c	refundable credits a	and estimated ta	ax payments	. 3ь \$		0.
deposit	e Due. Subtra t with FTD cou structions.	act line 3b from line upon or, if required,	by using EFTPS	payment with this for Electronic Federal	Tax Payment S	ystem).	3c \$		0.
Caution. If y payment ins		to make an electron	ic fund withdrawa	l with this Form 88	68, see Form 84	53-EO and For	m 8879-EO	for	
BAA For Pri	ivacy Act and	Paperwork Reduct	ion Act Notice, se	e instructions.			For	m 8868 (Rev	. 4-2009