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## Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2010
Open to Public Inspection

A	For th	e 2010 calendar year, or tax year beginning	and ending					
В	Check if	C Name of organization	-	D Employer identific	ation number			
	applicat	THE SURETY & FIDELITY ASSOCIATION						
	Addr	es   OF AMERICA						
	Name Chan	Doing Business As	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26-00	03391			
Ē	Initial	All reliance and advanta (or D.O. have formed an advanta deliance)	Room/suit					
Ē	Term		800		163-0600			
Ē	Amer	nded Chinartonia atota ar apparture and ZID . 4	10_0	G Gross receipts \$	4,067,521.			
Ē	Appli			H(a) Is this a group ret				
-	pend	F Name and address of principal officer LYNN M. SCHUBERT	י	for affiliates?	Yes X No			
		SAME AS C ABOVE	H(b) Are all affiliates incli					
	Tax-ex		a)(1) or 52	7 '	ist (see instructions)			
_		ite: WWW.SURETY.ORG	<u> </u>	H(c) Group exemption				
		forganization: X Corporation Trust Association Other	1 Yea	r of formation: 1908 M				
	art I	Summary			Otato or regar serment 2 C			
	1.	Briefly describe the organization's mission or most significant activities SE	E PART	TTT. LINE 1.				
ğ	'	bliefly describe the organization smillission of most significant activities	<u> </u>	TII, DIMB II				
72		Check this box I if the organization discontinued its operations or c	disposed of mo	re than 25% of its net ass	ente			
Ž	2	Number of voting members of the governing body (Part VI, line 1a)	alaposed of file	3	17			
≂દ	3	Number of independent voting members of the governing body (Part VI, line	16)	4	17			
		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	•	5	12			
, i	5	Total number of volunteers (estimate if necessary)		6	17			
<u> </u>	7-	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
>	/ a	• • •		7a 7b	0.			
SCANNED NOV 0 7 2011 Revenue	- 0	Net unrelated business taxable income from Form 990-T, line 34		1				
		Contributions and prouts (Dod \/IIII line 1b)	-	Prior Year 0.	Current Year			
11	8	Contributions and grants (Part VIII, line 1h)	-	3,974,643.	3 006 053			
Z	9	Program service revenue (Part VIII, line 2g)	-		3,996,053.			
3	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	8,016. 15,770.	50,246. 21,222.			
3	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10)	3,998,429.	4,067,521.			
(A))		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	0.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	<u>0.</u>			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	- 10)	2,307,779.				
- Evnensee	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines s	-10)	2,307,779.	2,341,932.			
ġ	16a	Professional fundraising fees (Part R. Column (A), fine 11e)	_	0.	0.			
2 >	}  b	Total fundraising expenses (ParLIX, column (D), line 25)	0.	- 1 (0) 012	1 [10 000			
	1 17	Other expenses (Part IX, column (A), lines 11 and 10 11 ft 24 h		1,682,813.	1,518,928.			
	18	Total expenses Add lines 1377 (must equal Part IX, columnta), line 25)	-	3,990,592.	3,860,860.			
_	ျ <u>ှ 19</u>	Revenue less expenses Subtract line 18-from line 12 T		7,837.	206,661.			
Net Assets or	2		<u>                                     </u>	Beginning of Current Year	End of Year			
SSe	왕 20	Total assets (Part X, line 16)	-	4,440,616.	4,659,687.			
et A	21	Total liabilities (Part X, line 26)	-	2,354,828.	2,415,436.			
	<u>리 22</u>	Net assets or fund balances Subtract line 21 from line 20		2,085,788.	2,244,251.			
<u> </u>	Part I							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a								
tre	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepar	er has any knowledge.	<del>                                     </del>			
		Signature of officer		Date Date	1 1 (			
	gn			Date				
H	ere	LYNN M. SCHUBERT, PRESIDENT						
_		Type or print name and title		Doto / Chark				
		Print/Type preparer's game Preparer's signature	1006	Date Check of Self-employee	PTIN			
	iid	Terri Mickingti Junitiona	Jeg	sen-employed				
	eparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	<u> </u>	Firm's EIN	<u></u>			
Us	e Only	Firm's address 4550 MONTGOMERY AVE., SUITE	550 NORT					
		BETHESDA, MD 20814-2930		Phone no. (3	<u>301) 951-9090</u>			
M	ay the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No			

orm	990 (2010) OF AMERICA 26-	0003391	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	PERFORMS A LEADERSHIP ROLE IN PROMOTING AND PRESERVING THE		
	FIDELITY AND SURETY BONDS TO PROTECT PUBLIC AND PRIVATE INT	ERESTS.	
2	Did the organization undertake any significant program services during the year which were not listed on	<del></del>	C===
	the prior Form 990 or 990-EZ?	∟ Yes	X No
_	If "Yes," describe these new services on Schedule O	Г	₩
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X 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 a	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	IIIO	
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue	<u> </u>	
7u	STATISTICAL REPORTS AND ANALYSIS: DATA AND REPORTS REGARDIN		RETY
	AND FIDELITY INDUSTRIES PROVIDED TO MEMBERS AND OTHERS OF I		
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue		)
	EDUCATION AND PROMOTION: PUBLIC SERVICE INFORMATION TO EDUC		
	CONSUMERS AND GOVERNMENT OFFICIALS ABOUT SURETY AND FIDELIT	Y BONDS.	
		<del></del>	
4c			)
	LEGAL FEES & LEGISLATION: FEES PAID TO MONITOR LEGISLATION		<u> </u>
	ATTORNEYS TO PROVIDE LEGAL ADVICE ON MATTERS RELATED TO SUR	ETY AND	
	FIDELITY BONDS.		
			<del></del>
			· · · · · · · · · · · · · · · · · · ·
			<del></del>
			<del></del>
	Other areas (December a Cabed In O.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses ▶		00
03200 12-21		Form 9	<b>90</b> (2010)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u>N/</u>	<u>A</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			v
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	8		<u>X</u>
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9	,	Α_
10	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	'0		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		<sub>v</sub>
h	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-2,	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, Parts I and IV	14b		Х
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, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18_		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	<u>X</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990	(2010)

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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? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	N/	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	N/	<u>A</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			7,7
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N <sub>i</sub> Part-II · · · · · · · · · · · · · · · · · ·	32	-	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		_	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X.	
		Form	99 <mark>0</mark> (	2010)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance	20-0003	<u> </u>		aye J
Pai	Check if Schedule O contains a response to any question in this Part V				
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		-	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	1 1	1c	X	ļ
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 12	1		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b_	X	<del> </del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<del> </del>	X
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O		<u>3</u> b	<del> </del>	<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			v
_	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yea" appear the foreign country.	account)?	<u>4a</u>	├──	X
D	If "Yes," enter the name of the foreign country ►	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accounts	<b>5</b> 0		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	etion?	<u>5a</u> 5b	1	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOIT.	5c	<del>                                     </del>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit		$\vdash$	
-	any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			_==
	were not tax deductible?	J	6b		
7	Organizations that may receive deductible contributions under section 170(c).	N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	l I	7c	<u> </u>	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e_	<u> </u>	ļ. <u></u> .
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f	<del> </del>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7g	N/	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, air		7h	N/	Α
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Disconstitution of a donor advised fund money and a section 509(a)(3) supporting organizations.	***			
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		-
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	N/A	9a		
	-Did the organization-make a distribution to a donor, donor advisor, or related person?	N/A	9b		<del></del>
10	Section 501(c)(7) organizations. Enter	21,722			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders N/A	11a .		ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them )	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<del> </del>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a	<del> </del>	
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l .a. I			
	organization is licensed to issue qualified health plans	13b	1		
C	Enter the amount of reserves on hand	13c			1
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yos " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul.	۰.0	14a	<del></del>	X
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<del>- U</del>	14b Form	990	(2010)
			I OHID	. 550	(2010)

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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

	Check if Schedule O contains a response to any question in this Part VI				X		
Sec	tion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	up with any other					
	officer, director, trustee, or key employee?		2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?		3		_X_		
4	Did the organization make any significant changes to its governing documents since the prior Form		4		_X_		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		_X_		
6	Does the organization have members or stockholders?		6	_X_			
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers of the					
	governing body?	•	7a	X			
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		7b	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during the year					
_	by the following The reverses had 2			v			
	The governing body?		8a	X			
	Each committee with authority to act on behalf of the governing body?	sahad at the	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ached at the	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Payanya Cada I	1 9				
	tion D. Follotoo (11113 dection b requests information about policies not required by the internal i	levellue Code)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?		10a	163	X		
	If "Yes," does the organization have written policies and procedures governing the activities of such	n chapters, affiliates.	100				
-	and branches to ensure their operations are consistent with those of the organization?		10b				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing the form?	11a	X			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? In	f "Yes," describe					
	ın Schedule O how this is done		12c	<u>X</u>			
13	Does the organization have a written whistleblower policy?		13	<u>X</u>			
14	Does the organization have a written document retention and destruction policy?		14	_X_			
15	Did the process for determining compensation of the following persons include a review and appro-	val by independent					
-	persons; comparability data; and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official		15a	<u>X</u>			
þ	Other officers or key employees of the organization		15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			٦,		
	taxable entity during the year?		16a		X		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ever in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.				ļ		
	exempt status with respect to such arrangements?	ganization s	465				
Sec	tion C. Disclosure		16b		<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed NONE		<del></del>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501(c)(3)s only) avai	lable for				
	public inspection. Indicate how you make these available. Check all that apply	, (-)(0)0 omy) avai					
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of interest police	y, and fina	ncial			
-	statements available to the public	<b></b>					
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the orga	inization 🕨	•			
	LYNN M. SCHUBERT - 202-463-0600						
	1101 CONNECTICUT AVENUE, NW, SUITE 800, WASHINGTO	N, DC 20036	-4347				
				000	(2010)		

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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.
- 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, if any 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

(A)	(B)			(C	>)			(D)	(E)	(F)	
Name and Title	Average	Position						Reportable	Reportable	Estimated	
	hours per	(cł	neck	all t	hat	арр	ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
RICHARD L. KINNAIRD											
DIRECTOR	1.00	Х						0.	0.	0	
THOMAS M. KUNKEL											
DIRECTOR	1.50	Х						0.	0.	0	
MARY JEANNE ANDERSON											
DIRECTOR	0.50	Х						0.	0.	0	
HARRY CROWELL											
DIRECTOR	0.50	X						0.	0.	0	
GARY T. DUNBAR											
DIRECTOR	0.50	X						0.	0.	0	
ROSS FISHER									!		
DIRECTOR	0.50	X						0.	0.	0	
MICHAEL GREER											
DIRECTOR	0.50	X					_	0.	0.	0	
STEPHEN-M. HANEY										_	
DIRECTOR	0.50	X		<u> </u>			<u> </u>	0.	0.	0	
JOHN KNOX, JR.									_	_	
DIRECTOR	0.50	X				_	<u> </u>	0.	0.	0	
GERALD C. LEACH											
DIRECTOR	0.50	X				-	-	0.	0.	0	
TIM MIKOLAJEWSKI	1 00								•		
DIRECTOR	1.00	X	_	-		-		0.	0.	0	
LARRY TAYLOR	0.50					1			_	_	
DIRECTOR	0.50	X						0.	0.	0	
ANTHONY ROMANO	0.50	,,									
DIRECTOR	0.50	X	1	$\vdash$		┢	├	0.	0.	0	
JAMES P. SCIORTINO	0.50	,,								_	
DIRECTOR	0.50	X	-		<u> </u>	$\vdash$	-	0.	0.	0	
TRACEY VISPOLI	1 00	<b>.</b>				ŀ				,	
DIRECTOR	1.00	<u>^</u>	├		<u> </u>	<del> </del>	$\vdash$	0.	0.	0	
DANIEL RIORDAN	0.50	v								_	
DIRECTOR	0.50	<u> </u>		-		-		0.	0.	0	
JOHN F. WELCH	0.50	v						0.	0.		
DIRECTOR 032007 12-21-10	1 0.50	17	<u> </u>	!	l	<u> </u>				Form <b>990</b> (2010	

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Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	ees (continued)				
' (A) (B) (C) (D)						(E)		(F	•)				
Name and title	Average	Ι,,	Position (check all that apply)					Reportable	Reportable		Estim	ated	
	hours per week	(CI	neck	allt	nat	app	iy)	compensation compensation			amou		
	(describe	흟						from the	from related organizations		oth comper		
	hours for	trustee or director	ی ا			ated		organization	(W-2/1099-MISC)		from		
	related	stee (	truste		83	Suad	İ	(W-2/1099-MISC)			organı	zation	
	organizations	ual tr	tonal		ploye	ye or	_				and re		
	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				organiz	ations	
LYNN M. SCHUBERT									_				
PRESIDENT	55.00		_	X		<u> </u>		521,665.	0	٠	20,	424.	
EDWARD G. GALLAGHER	55.00			x				361,135.	0		22	249.	
SECRETARY/TREASURER	33.00			Δ	<u> </u>	<del>                                     </del>		301,133.		+	22,	447.	
LENORE MAREMA VP OF GOV'T AFFAIR	45.00				х			177,382.	0		15.	209.	
ROBERT DUKE	13.00				-			27773321		†		2030	
DIRECTOR OF UNDERWRITING	50.00					х		160,491.	0		25,	685.	
JOSEPH ORGOVAN													
DIRECTOR OF IT	40.00					X		128,146.		٠	14,	442.	
BARBARA FINNEGAN-REIFF	45.00							110 440	•	-	10	161	
DIRECTOR OF REG. AFFAIRS	45.00	<u> </u>	<u> </u>		_	X		112,449.	0	+	T8,	164.	
			-		İ								
		<u> </u>		<del> </del>	-			<u> </u>	<del></del>	$\dagger$			
1b Sub-total		L	l	<u> </u>	i			1,461,268.	0	+	. 116,173.		
c Total from continuation sheets to Part V						0.							
d Total (add lines 1b and 1c)	.,					•		1,461,268.	0	_	116	173.	
2 Total number of individuals (including but r	not limited to th	nose	liste	ed ai	bov	e) wl	ho r	eceived more than \$100	,000 in reportable		-		
compensation from the organization												6	
										Г	Ye	es No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	nplo	yee,	or l	highest compensated er	nployee on		3	х	
4 For any individual listed on line 1a, is the si			omn	ones	ation	n an	d ot	her compensation from	the organization	-	-3	<del>  ^</del>	
and related organizations greater than \$15	•							•	ino organization	İ	4 2	۲	
5 -Did-any person listed-on line 1a receive or			-						dual for services	╌	<del></del>		
rendered to the organization? If "Yes," con											5	X	
Section B. Independent Contractors									·				
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors	that received more than	\$100,000 of compe	nsa	tion fror	n	
the organization	-								<del></del>				
(A) Name and business	address							(B) Description of s	services	Co	(C) ompensa	ation	
ISO								DATA					
PO BOX 27507, NEW YORK,	NY 1008	7						SHARING/ANAL	YSIS		350	000.	
SAMUEL CARRADINE, 60 RUT			IR	CLI	E,			•				<u> </u>	
POTOMAC FALLS, VA 20165								CONSULTANT			110	,088.	
							-						
2 Total number of independent contractors	(including but i	not I	mite	ed to	the	se l	ste	d above) who received n	nore than				
\$100,000 in companyation from the argan	ration -					2							

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Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a 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 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 2 a MEMBERS' ASSESSMENTS 3603911. 3603911 Program Service Revenue 900099 **b STATISTICAL FILERS** 900999 200,000. 200,000. c FSLC DIGEST 900099 78,187. 78,187. 35,000. 900099 35,000. d COMP. COMMITTEE 30,000. 30,000. 900099 e SUBSCRIBER FEES 900099 48,955. 48,955 f All other program service revenue 3996053 q Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 50,246 50,246. other similar amounts) Income from investment of tax-exempt bond proceeds 20,945. 20,945 5 Royalties (II) Personal (ı) Real 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 277 11 a MISCELLANEOUS 277. d All other revenue 277. e Total. Add lines 11a-11d 4067521. 3996053. Total revenue See instructions. 71,468. 032009 12-21-10 Form 990 (2010)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must com	plete column (A) but are			D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				<u> </u>
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				<del></del>
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,118,065.			
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	817,691.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	198,539.			
9	Other employee benefits	118,719.			
10	Payroll taxes	88,918.	· · · · - · - · - · - · - · - · - · - ·		
11	Fees for services (non-employees)				
а	Management				<del> </del>
b	Legal	134,579.			
С	Accounting	55,989.			
d	Lobbying	<del></del>			
е	Professional fundraising services. See Part IV, line 17		· · ·		
f	Investment management fees	5,875.	<del></del>		
g	Other	9,430.			
12	Advertising and promotion	54,159.			
13	Office expenses	36,820.			
14	Information technology	24,076.			
15	Royalties	201 454	<u>-</u> -		
16	Occupancy	381,454.			
17	Travel	80,871.	····		
18	Payments of travel or entertainment expenses				_ ·
	for any federal, state, or local public officials	117 605			
19	Conferences, conventions, and meetings	117,625.			
20	Interest	1,886.	· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates	24,214.			
22	Depreciation, depletion, and amortization	27,711.			
23	Insurance	41,111.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0) STATISTICAL REPORTS AND	365,338.			
a	GOVERNMENT AFFAIRS	73,689.		<u> </u>	<u> </u>
b	LICENSE/FILING FEES	26,631.	<del></del>		·
c	COMPENSATION SURVEY	21,500.			
d	INSURANCE DEPARTMENT EX	20,000.		<del>   </del>	
e f	All other expenses	57,081.			
1 25	Total functional expenses Add lines 1 through 24f	3,860,860.			
<u>25</u> 26	Joint costs Check here I if following SOP	3,000,000.			
20	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
	oononadon .	·	<del></del>	<u> </u>	

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			<del></del>		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	56,372.
Ì	2	Savings and temporary cash investments	L	3,756,821.	2	1,847,686.	
	3	Pledges and grants receivable, net	L		3		
	4	Accounts receivable, net		L	57,111.	4	53,276
	5	Receivables from current and former officers, di	rectors, trustees, ke	y		1	
		employees, and highest compensated employe					
		of Schedule L	Ŀ		5		
	6	Receivables from other disqualified persons (as	defined under sect	on		1	
		4958(f)(1)), persons described in section 4958(c	)(3)(B), and contribu	ting			
		employers and sponsoring organizations of sec	tion 501(c)(9) volunt	ary		1	
		employees' beneficiary organizations (see instru	ictions)			6	
Assers	7	Notes and loans receivable, net	Γ		7		
ĝ	8	Inventories for sale or use		Γ	16,680.	8	15,823
`	9	Prepaid expenses and deferred charges		Γ	61,783.	9	404,695
	10a	Land, buildings, and equipment cost or other	1 1	Γ			
		basis Complete Part VI of Schedule D	10a 3:	L1,581.			
	b	Less accumulated depreciation		71,703.	57,144.	10c	39,878
	11	Investments publicly traded securities			11	2,236,415	
	12	Investments other securities See Part IV, line	Ţ		12		
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	491,077.	15	5,542		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	-	4,440,616.	16	4,659,687
_	17	Accounts payable and accrued expenses	•		1,013,656.	17	73,042
	18	Grants payable			,	18	· · · · · · · ·
ļ	19	Deferred revenue			169,040.	19	1,156,292
	20	Tax-exempt bond liabilities				20	
,	21	Escrow or custodial account liability Complete	Part IV of Schedule	o i		21	
ומב	22	Payables to current and former officers, directo		-			· · · · · · · · · · · · · · · · · · ·
Liabilities		highest compensated employees, and disqualif		· ·			
֓֞֞֞֞֜֞֞֜֞֞֞֜֞֞֜֞֞֜֞֡֓֞֡֞֜֞֡֓֡֡֡֡֡֡֡		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated third parties			23	<del></del>
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities Complete Part X of Schedule D	•		1,172,132.	25	1,186,102
	26	Total liabilities. Add lines 17 through 25			2,354,828.	26	2,415,436
		Organizations that follow SFAS 117, check h	ere X and	complete -		-	
က္		lines 27 through 29, and lines 33 and 34.					
9	27	Unrestricted net assets			2,085,788.	27	2,244,251
<u>a</u>	28	Temporarily restricted net assets		<u></u>	•	28	
Net Assets or Fund balances	29	Permanently restricted net assets			29		
3		Organizations that do not follow SFAS 117, c	and				
ב ה		complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds			30		
ממ	31	Paid-in or capital surplus, or land, building, or ea		<del></del>	31		
2	32	Retained earnings, endowment, accumulated in		ls		32	
2	33	Total net assets or fund balances		·- }	2,085,788.	33	2,244,251
	34	Total liabilities and net assets/fund balances		}	4,440,616.	34	4,659,687

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2010)OF AMERICA	26-00	03391	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,06	<u>7,5</u>	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,86	0,8	60.
3	Revenue less expenses Subtract line 2 from line 1	3	20	6,6	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,08	<u>5,7</u>	88.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4	<u>8,1</u>	<u>98.</u>
_6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,24	4, 2	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
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	0	-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?	e audıt,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	1 1		ŀ

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III	, , ,		,,
		ETY & FIDELITY A	SSOCIATION	Empl	oyer identification number
	OF AMER				26-0003391
Pa		ganization is exempt und	er section 501(c	) or is a section 527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c	)(3).	•••
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?		•		Yes No
k	If "Yes," describe in Part IV				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c	), except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt fun	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for	section 527	
	exempt function activities		-	<b>▶</b> \$	
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L,	
	line 17b			<b>▶</b> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and e		N) of all section 527 p	political organizations to which	h the filing organization
	made payments For each organization	• •	•		• •
	contributions received that were p	romptly and directly delivered to	a separate political or	ganization, such as a separa	te segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	ide information in Pai	rt IV	
	(a) Name-	- (b) Address	- (c) EIÑ	(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-
	•				
				_	
		1		1	1

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Schedule C (Form 990 or 990-EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2010				26-	0003391 Page 2
Part II-A Complete if the orga		npt under sectio	on 501(c)(3) and file	ed Form 5768	
(election under sect	ion 501(h)).				
A Check 🕨 💹 if the filing organizati	ŭ	• .			
B Check 🕨 🔛 if the filing organizati	on checked box A ar	nd "limited control" pr	ovisions apply	<del></del>	• <sub>-</sub>
	s on Lobbying Exper tures" means amou	nditures nts paid or incurred	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (	grass roots lobbying)	=		
b Total lobbying expenditures to influe	ence a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditure:	S				
e Total exempt purpose expenditures	(add lines 1c and 1c	)			
f Lobbying nontaxable amount Enter	the amount from the	following table in bo	th columns		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
	<u></u>				
g Grassroots nontaxable amount (ent	·		į	<del></del>	
h Subtract line 1g from line 1a If zero					
Subtract line 1f from line 1c If zero			L	<del></del>	
j If there is an amount other than zero		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	· · · · · · · · · · · · · · · · · · ·				Yes No
, ,	itions that made a s		r Section 501(h) In do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
2a Lobbying nontaxable 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) 2010

Schedule C (Form 990 or 990 EZ) 2010 OF AMERICA 26-0003391 Page 3

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	1)	(k	o)
		Yes	No	Amo	ount
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	1			
	or referendum, through the use of	+	1		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	3, 3, 1				
g			<del></del>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV		<del></del>		
J	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				·
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	on E01/o\	/E\	ation.	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on sor(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	X	
1	"Yes."  Dues, assessments and similar amounts from members		1	3.606	5,989.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	<u> </u>		. , , , , , , ,
_	expenses for which the section 527(f) tax was paid).				
а			2a	3!	5,651.
b			2b		1,366.
c			2c		3,715.
3	Aggregate amount reported-in section-6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		4,547.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-183	3,262.
Pa	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	nd Part II-B,	line 1: Also	o, complete	this part
for a	ny additional information				
		· · · · · · · · · · · · · · · · · · ·			
				·—···	
					<del></del>

### **SCHEDULE D**

(Form 990)

**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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SURETY & FIDELITY ASSOCIATION

Employer identification number

,	OF AMERICA		26-0003391				
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor advised fi	unds				
3	are the organization's property, subject to the organization's	· ·	Yes No				
6	Did the organization inform all grantees, donors, and donor a	_					
J	for charitable purposes and not for the benefit of the donor of		•				
	impermissible private benefit?	r donor davidor, or for any other purpose com	Yes No				
Par		nanization answered "Yes" to Form 990, Part I					
1	Purpose(s) of conservation easements held by the organizati		.,				
•	Preservation of land for public use (e.g., recreation or e		cally important land area				
	Protection of natural habitat	Preservation of a certified					
	Preservation of open space	- Troservation of a continua	Thistonic structure				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last				
_	day of the tax year	ica conservation contribution in the form of a	conservation easement on the last				
	day of the tax your		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
	•	ucture included in (a)					
	c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
u							
3	listed in the National Register  2d    3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
J	year >	eased, extinguished, or terminated by the org	anzation during the tax				
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per						
Ĭ	violations, and enforcement of the conservation easements in		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and	-					
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)? -		Yes No				
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense star	tement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organizar	•					
	conservation easements						
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,				
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIV,				
	the text of the footnote to its financial statements that descri	bes these items					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed						
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		<b>S S S S S S S S S S</b>				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide				
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1	· -	<b>&gt;</b> \$				
b	Assets included in Form 990, Part X		<b>S S S S S S S S S S</b>				
			<del></del>				

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Schedule D (Form 990) 2010

	dule D (Form 990) 2010 OF AMER								0339		
Par	t III   Organizations Maintaining C	collections of A	rt, Histori	cal Trea	asures, or	Other	r Similar	Asse	ts (cont	ınued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any	y of the fo	llowing that	are a sig	nificant us	e of its	collectio	n item	s
	(check all that apply)										
а	Public exhibition	c	i 💹 Loar	or excha	inge progran	ns					
b	Scholarly research	e	e U Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how they f	urther the	organization	n's exem	pt purpos	e in Par	t XIV		
5	During the year, did the organization solicit of	r receive donations	of art, histori	cal treasu	ires, or other	sımılar a	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anızatıon	answered "\	es" to F	orm 990, f	Part IV, I	ıne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cont	ributions	or other ass	ets not ir	ncluded		_		-
	on Form 990, Part X?								Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table	)							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	f Ending balance						<del></del>				
	2a Did the organization include an amount on Form 990, Part X, line 21?						No				
	b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
Par	t v   Endowment Funds. Complete	<del></del>									
		(a) Current year	(b) Prior	year	(c) Two years	back (c	d) Three yea	irs back	( <b>e)</b> Four	years	<u>back</u>
1a	Beginning of year balance		<del></del>								
b	Contributions				***************************************						
C	Net investment earnings, gains, and losses			-	<del></del>						
d	Grants or scholarships				<u>.</u>						
е	Other expenditures for facilities										
	and programs			-							
f	Administrative expenses	<del></del>									
g	End of year balance		l								
2	Provide the estimated percentage of the year	ir end balance neid a									
a	Board designated or quasi-endowment	%	_%								
b	Permanent endowment	% %									
		· -		مصم أماما م							
за	Are there endowment funds not in the posse	ession of the organiz	ation that are	e neid and	a administere	ea for the	e organiza	lion	[	V	——
	by								0.0	Yes	NO
	(i) unrelated organizations (ii) related organizations			_ ~	-				3a(i)		
	If "Yes" to 3a(ii), are the related organization	a katad aa raasurad s	an Cabadula	Da					3a(ii)		
D	Describe in Part XIV the intended uses of the								3b		
Par	rt VI Land, Buildings, and Equipn							<del></del>			—
	Description of investment	(a) Cost or o		(b) Cost o	r other	(a) Acc	cumulated		(d) Boo	L volu	
	Description of investment	basis (investi	,	o basıs (ط basıs (o	II	,	reciation		(a) 500	A value	3
10	Land	220.0 ( 00.1				3001			<del></del>		
ia b	Buildings	· <del>- · · · · · · · · · · · · · · · · · </del>					-				
	Leasehold improvements				<del></del>						
	Equipment						<del></del>				<del></del>
	Other	-		311	,581.	2	71,70	3	٦	9,8	78
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	t X. column (E				<del> , , o</del>	<u> </u>		9,8	

(8) (9) (10)(11)1,186,102.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 of FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the of the footnot the organization's liability for uncertain tax positions under

Sche	dule D (Form 990) 2010 OF AMERICA	LATION		26-	0003391 Pa	ige 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial State	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8	_		
9	Total adjustments (net) Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII   Reconciliation of Revenue per Audited Financial Statement		<u>  10  </u> Phue per F	Return		
1	Total revenue, gains, and other support per audited financial statements	ito With Hove	mao por i	1	•	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		4		
С	Add lines 4a and 4b			4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return						
_		ents with Exp	enses per		Jrri	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2a				
a b	Prior year adjustments	2b		1		
c	Other losses	2c		1		
d	Other (Describe in Part XIV)	2d	<del></del>	1	:	
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		4		
С	Add lines 4a and 4b	_ <u>-</u>	. –	4c	<u> </u>	
- <u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u> </u>	
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 V, lines 1b, and 2b, Part V, lines 4, Part V, lines 1b, and 2b, Part V, lines 4, Part V, lines 1b, and 2b, Part V, lines 4, Part V, lines 1b, and 2b, Part V, lines 4, Part V, lines 1b, and 2b, Part V, lines 4, Part V, lines 1b, and 2b, and and 2b, and and and and and and and and and and						
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						
X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD						
PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD						
(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR						
REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31,						
2010, THE ASSOCIATION AND THE FOUNDATION HAVE DOCUMENTED THEIR						
<u>CO</u> :	NSIDERATION OF FASB ASC 740-10 AND DETERMIN	NED THAT	NO MATI	ERIA	L UNCERTA	IN_
TA	X POSITIONS QUALIFY FOR EITHER RECOGNITION	OR DISCL	OSURE :	IN T	HE COMBINI	ED_
FI	NANCIAL STATEMENTS.		<u>.</u>		<del></del>	

# SCHEDULE J (Form 990)

### **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.

2010

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE SURETY & FIDELITY ASSOCIATION

OF AMERICA

Employer identification number 26-0003391

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e g, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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 from the organization or a related organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b b Any related organization? \_If "Yes" to line 5a or 5b, describe in Part III -For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 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 Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2010

Regulations section 53 4958-6(c)?

OF AMERICA Schedule J (Form 990) 2010

THE SURETY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)		(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
1	Ξ	395,78	118,736.	7,143.	14,700.	5,724.	542,089.	0
1 LYNN M. SCHUBERT	3			0	0			0
	Ξ	307,44	55,339.	-1,644.	14,700.	7,549.	383,384.	0
2 EDWARD G. GALLAGHER	Ξ		0	0	- 1	- I		0
	Ξ	158,078.	20,550.	-1,246.	9,485.	5,724.	192,591.	0
3 LENORE MAREMA	(II)		0	- 1	Į	- 1	. [	0
	Ξ	145,683.	21,852.	-7,044.	2,914.	22,771.	186,176.	0
4 ROBERT DUKE	3	0	0	0	0	0	0.	0
	Ξ							
5	3							
	Ξ							
9	Ξ							
	Ξ							
7	Ξ	-						
	Ξ	_						
80	Ξ							
	Ξ	-						
6	Ξ	-						
	Ξ							
10	3	-						
	Ξ							
11	3							
	Ξ							
12	Ξ	-						
	Ξ	-						
13	≘							
	Ξ	_						
14	Ξ	_						
	Ξ	-						
15	3	-						
	Ξ							
16	Ξ	-						

Schedule J (Form 990) 2010

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE SURETY & FIDELITY ASSOCIATION OF AMERICA

Employer identification number 26-0003391

FORM 990, PART VI, SECTION A, LINE 6: SFAA HAS ONE CLASS OF MEMBERS EACH WITH THE SAME RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: THE NUMBER OF VOTES THAT EACH

MEMBER IS ENTITLED TO IS BASED ON THE BALANCE OF PREMIUMS WRITTEN OVER

THREE CALENDAR YEAR PERIODS. MEMBERS HAVE RIGHT TO ELECT BOARD MEMBERS AT

THE ANNUAL MEETING AND TO APPOINT THE SFAA PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS HAVE RIGHT TO ELECT BOARD

MEMBERS AT THE ANNUAL MEETING AND TO APPOINT THE SFAA PRESIDENT. IN

ADDITION, MEMBERS VOTE TO RATIFY ANY CHANGES TO SFAA'S BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. MANAGEMENT

DISTRIBUTED THE DRAFT OF FORM 990 AND RELATED SCHEDULES TO THE BOARD

MEMBERS FOR COMMENTS AND APPROVAL. A COPY OF THE FINAL 990 WAS SENT TO THE

ENTIRE\_BOARD BEFORE IT-WAS FILED WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A NEW CONFLICT OF INTEREST FORM AT THE FIRST BOARD MEETING EACH YEAR. THE CONFLICT OF INTEREST POLICY IS THEN DISCUSSED AT EACH BOARD MEETING SUBSEQUENTLY HELD.

FORM 990, PART VI, SECTION B, LINE 15: COMPARABILITY DATA IS USED IN

DETERMINING SALARIES FOR THE PRESIDENT AND OTHER TOP MANAGEMENT POSITIONS.

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization THE SURETY & FIDELITY ASSOCIATION OF AMERICA	Employer identification number 26-0003391
ADDITION, THE COMPENSATION COMMITTEE (COMPRISED OF BOARD	MEMBERS)
FREQUENTLY PERFORM INDEPENDENT RESEARCH ON SALARIES. COM	IPENSATION SURVEYS
FOR ASSOCIATIONS ALSO ARE REVIEWED TO DETERMINE KEY POSIT	TION SALARIES, AND
THE DECISION IS DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS AR	E NOT AVAILABLE
TO THE PUBLIC.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-49,250.
EFFECT OF FASB ASC 715	1,052.
TOTAL TO FORM 990, PART XI, LINE 5	-48,198.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 26-0003391

► See separate instructions. FIDELITY ASSOCIATION ▶ Attach to Form 990. B THE SURETY OF AMERICA Name of the organization

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

Part

Direct controlling entity Identrication 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) End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of disregarded entity Part II

Schedule R (Form 990) 2010 (g) Section 512(b)(13) 2 controlled entity? Yes × Direct controlling entity status (if section Public charity 501(c)(3)) BOX 7 Exempt Code section DISTRICT OF COLUMBIA 501(C)(3) ਉ Legal domicile (state or foreign country) Primary activity SCHOLARSHIPS 1101 CONNECTICUT AVENUE, NW. SUITE 800 THE SURETY FOUNDATION - 73-1728689 Name, address, and EIN of related organization 20036-4347 WASHINGTON, DC

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

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

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General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Ξ Code V-UBI General of Prangung amount in box managing of Schedule Pariner?

K-1 (Form 1065) Yes No (g)
Share of
end-of-year
assets  $\equiv$ Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **(**6) (d)
(l) Direct controlling entity Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> <u>e</u> Primary activity Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

# THE SURETY & FIDELITY ASSOCIATION OF AMERICA

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Schedule R (Form 990) 2010 OF AMERICA

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Tes No
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?	is with one or more re	lated organizations listed i	n Parts II-IV?	
a Receipt of (I) interest (ii) annuities (iii) royalties or (IV) rent from a controlled entity				Ta X
<b>b</b> Gift, grant, or capital contribution to other organization(s)				tb X
c Giff. grant, or capital contribution from other organization(s)				1c X
				1d X
				1e X
f Sale of assets to other organization(s)				1f X
g Purchase of assets from other organization(s)				1g X
				th X
i Lease of facilities, equipment, or other assets to other organization(s)				- X
				<b>∀</b>
k Performance of services or membership or fundraising solicitations for other organization(s)	nzation(s)			╁
<ul> <li>Petrofiniarice of services of interincership of fortunations by order organisms.</li> <li>Sharing of facilities, equipment, mailing lists, or other assets.</li> </ul>	וובמנוסיו(ש)			×
				1n X
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				ot X
p Reimbursement paid by other organization for expenses				1p X
<ul> <li>Other transfer of cash or property to other organization(s)</li> </ul>				tq X
r Other transfer of cash or property from other organization(s)				1r 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	who must complete the	ils line, including covered	elationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
_				
(2)				
(3)				
1				
(4)				
(5)				
332163 12-21-10	26		Schedule	Schedule R (Form 990) 2010

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

(a) Name, address, and EIN	( <b>b)</b> Primary activity		(d) Are all partners section 50 1(c)(3)	S	(f) Dispropor- tionate	(g) Code V-UBI amount in box 20	(h) General or managing
of entity		(state or foreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	Yes No
			-				
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				0			
							-
					-		
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			-				
_						Schedule R (Form 990) 2010	1 990) 2010

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Part VII	(Form 990) 2010 Supplemental Info	rmation	
4	Complete this part to pro	ovide additional information for responses to questions on Schedule R (see inst	ructions)
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