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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)

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

OMB No 1545-0047

**2010**

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning **APR 1, 2010** and ending **MAR 31, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WORLDWIDE ASSURANCE FOR EMPLOYEES OF PUBLIC AGENCIES, INC.</b>		<b>D</b> Employer identification number <b>52-0742132</b>
	Doing Business As		<b>E</b> Telephone number <b>(703) 790-8010</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>433 PARK AVENUE</b>		
	City or town, state or country, and ZIP + 4 <b>FALLS CHURCH, VA 22046</b>		<b>G</b> Gross receipts \$ <b>30,136,480.</b>
	<b>F</b> Name and address of principal officer: <b>JOHN W. MONTAGUE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ►
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <b>9</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ► <b>WWW.WAEPA.ORG</b>			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation <b>1973</b> <b>M</b> State of legal domicile <b>VA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>9</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>9</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> <b>13</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>8,477.</b>																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>7,028.</b>																								
	<b>Revenue</b>	<table border="1" style="width:100%"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td>25,591,133.</td> <td>27,063,164.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>1,514,716.</td> <td>1,649,565.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>8,572.</td> <td>8,477.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>27,114,421.</td> <td>28,721,206.</td> </tr> </tbody> </table>			Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	0.	0.	<b>9</b> Program service revenue (Part VIII, line 2g)	25,591,133.	27,063,164.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,514,716.	1,649,565.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,572.	8,477.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,114,421.	28,721,206.					
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <i>[Signature]</i> Date: <b>10/5/11</b>		
	<b>JOHN W. MONTAGUE, EXECUTIVE DIRECTOR</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LEONARD</b>	Preparer's signature: <i>[Signature]</i> Date: <b>9/19/11</b>	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ► <b>HOMES, LOWRY, HORN &amp; JOHNSON, LTD.</b> Firm's EIN ►		Firm's address ► <b>3998 FAIR RIDGE DRIVE, SUITE 360 FAIRFAX, VA 22033-2907</b> Phone no <b>(703) 281-4880</b>

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

**Part 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.**SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**PROVIDE GROUP LIFE INSURANCE PROTECTION FOR MEMBERS.****4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4e** Total program service expenses 

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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		

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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		<b>X</b>
<b>22</b> 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	<b>X</b>	
<b>23</b> 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	<b>X</b>	
<b>24a</b> 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		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
<b>25b</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		
<b>26</b> 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		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <b>a</b> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Form 990 (2010)

**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

☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **▶**  
**JOHN MONTAGUE - (703)790-8010**  
**433 PARK AVENUE, FALLS CHURCH, VA 22046**

**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 ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBBIE FILIPPI PRESIDENT	1.00	X		X				0.	0.	0.
DARRELL WILSON VICE PRESIDENT	1.00	X		X				0.	0.	0.
MILTON BROWN SECRETARY-TREASURER	1.00	X		X				0.	0.	0.
JOHN W. MONTAGUE, JR. EXEC DIRECTOR & ASST SECRE	40.00			X	X			207,782.	0.	30,325.
MADGE BOLINGER GAZZOLA DIRECTOR	1.00	X						0.	0.	0.
LARRY MATLACK CHAIR, INVESTMENT COMMITTEE	1.00	X						0.	0.	0.
JOHN M. ROBINSON CHAIR, INSURANCE COMMITTEE	1.00	X						0.	0.	0.
CHARLES H. SCHNEIDER CHAIR, AUDIT COMMITTEE	1.00	X						0.	0.	0.
ELIZABETH KOLMSTETTER CHAIR, NOMINATING COMMITTEE	1.00	X						0.	0.	0.
JERRY WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
VIRGINIA ZERANTE PREMIUM ACCOUNTING MANAGER	40.00				X			117,453.	0.	17,618.



**WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.**
**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>								325,235.	0.	47,943.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								325,235.	0.	47,943.

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

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

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> <b>EARNED PREMIUMS</b>	Business Code 524298	27045026.	27045026.			
	<b>b</b> <b>LTC COMMISSIONS</b>	524298	11,463.	11,463.			
	<b>c</b> <b>MEMBERSHIP FEES</b>	524298	3,820.	3,820.			
	<b>d</b> <b>OTHER</b>	524298	2,855.	2,855.			
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		27063164.				
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,587,915.			1587915.	
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross Rents	(i) Real 15,462.	(ii) Personal				
	<b>b</b> Less rental expenses	6,985.					
	<b>c</b> Rental income or (loss)	8,477.					
	<b>d</b> Net rental income or (loss)			8,477.	8,477.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities 1469939.	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses	1408289.					
	<b>c</b> Gain or (loss)	61,650.					
	<b>d</b> Net gain or (loss)			61,650.	61,650.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	<b>b</b> Less direct expenses	b					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	a					
	<b>b</b> Less direct expenses	b					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	a					
	<b>b</b> Less cost of goods sold	b					
	<b>c</b> Net income or (loss) from sales of inventory						
	<b>Miscellaneous Revenue</b>			Business Code			
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			28721206.	27124814.	8,477.	1587915.	

**WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.**

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	111,795.			
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	15,024,697.			
5 Compensation of current officers, directors, trustees, and key employees	233,876.			
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	693,524.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	104,617.			
9 Other employee benefits	156,770.			
10 Payroll taxes	64,314.			
11 Fees for services (non-employees):				
a Management				
b Legal	23,517.			
c Accounting	30,000.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	143,113.			
g Other	9,720.			
12 Advertising and promotion	909,540.			
13 Office expenses	98,710.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	171.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	122,098.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	258,885.			
23 Insurance				
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 O.)				
a <b>FEDERAL UNRELATED BUSIN</b>	822.			
b <b>PREMIUM REFUNDS</b>	6,484,702.			
c <b>BANK FEES</b>	195,598.			
d <b>INSURANCE</b>	189,117.			
e <b>MEDICAL FEES</b>	168,351.			
f All other expenses	632,448.			
25 <b>Total functional expenses.</b> Add lines 1 through 24f	25,656,385.			
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	2,964,547.	1	3,331,573.
	2 Savings and temporary cash investments	189,521.	2	246,856.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,297,851.	4	8,247,324.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	68,355.	9	71,133.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 9,565,497.		
	b Less: accumulated depreciation	10b 1,277,356.	10c	8,288,141.
	11 Investments - publicly traded securities	8,449,567.	11	83,262,910.
	12 Investments - other securities. See Part IV, line 11	74,934,243.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,294.	15	2,687.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	92,906,378.	16	103,450,624.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,378,897.	17	2,482,796.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,676,131.	25	3,685,521.
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,055,028.	26	6,168,317.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	86,851,350.	27	97,282,307.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	86,851,350.	33	97,282,307.
34 <b>Total liabilities and net assets/fund balances</b>	92,906,378.	34	103,450,624.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,721,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,656,385.
3	Revenue less expenses Subtract line 2 from line 1	3	3,064,821.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,851,350.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,366,136.
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	97,282,307.

**Part 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 ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2010)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.**Employer identification number  
**52-0742132****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,687,153.		1,687,153.
b Buildings	424,648.	6,753,295.	869,847.	6,308,096.
c Leasehold improvements				
d Equipment		700,401.	407,509.	292,892.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,288,141.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>UNEARNED PREMIUMS</b>	<b>3,685,521.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	<b>3,685,521.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,721,206.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,656,385.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,064,821.
4	Net unrealized gains (losses) on investments	4	7,366,136.
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	7,366,136.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	10,430,957.

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

1	Total revenue, gains, and other support per audited financial statements	1	36,087,343.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,273,135.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	154,652.
e	Add lines 2a through 2d	2e	7,427,787.
3	Subtract line 2e from line 1	3	28,659,556.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	61,650.
c	Add lines 4a and 4b	4c	61,650.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,721,206.

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

1	Total expenses and losses per audited financial statements	1	25,656,385.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,656,385.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,656,385.

**Part XIV Supplemental Information**

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

**PART XI LINE 8: UNREALIZED APPRECIATION IN EQUITY AND DEBT SECURITIES**

**PART XII LINE 2(D): GAIN ON SALE OF SECURITIES (FAIR MARKET VALUE BASIS)**

**PART XII LINE 4(B): REALIZED GAIN/LOSS (TAX BASIS)**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

**2** Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.

52-0742132

Page 2

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP AWARDS FOR UNDERGRADUATE STUDIES	78	111,795.	0.		

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

THE SCHOLARSHIP PROGRAM IS ADMINISTERED BY SCHOLARSHIP AMERICA.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.**

Employer identification number

**52-0742132**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

**X**

**X**

**X**

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

Schedule J (Form 990) 2010

**WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.**

52-0742132

**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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN W. MONTAGUE, JR.	(i) 202,166.	0.	5,616.	30,325.	0.	238,107.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

WORLDWIDE ASSURANCE FOR EMPLOYEES OF  
PUBLIC AGENCIES, INC.

Employer identification number

52-0742132

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE EMPLOYEES OF GOVERNMENTAL AGENCIES LOW-COST GROUP TERM LIFE AND  
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO  
THE BOARD OF DIRECTORS VIA E-MAIL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES THE  
COMPENSATION FOR THE OFFICERS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS OF WORLDWIDE  
ASSURANCE FOR EMPLOYEES OF PUBLIC AGENCIES, INC. ARE PUBLISHED IN THE  
ANNUAL NEWSLETTER THAT IS PROVIDED TO ALL MEMBERS. ALL MEMBERS RECEIVE A  
COPY OF THE BY-LAWS UPON JOINING THE ASSOCIATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 7,366,136.

FORM 990, PART XI, LINE 2C

THE PROCESS OF OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT  
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

52-0742132  
04/01/2010 - 03/31/2011  
Sorted: Group

WAEPA, INC. [066190]  
**Depreciation Expense**

Financial

04/01/2010 - 03/31/2011

5/9/2011  
4:42:05PM

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179 / Bonus / (Cur. Yr. Only)	Beg Accum. Depreciation / (Sec 179)	Current Depreciation	Total Depreciation / (Sec 179)
<b>10 Buildings</b>										
1		BLDG-7651 LEESBRG F	9/1/1979	SL / N/A	40 0000	270,378.00	0.00	206,310.50	6,759.45	213,069.95
2		IMPROVE-CEILINGS	5/1/1980	SL / N/A	40 0000	1,425.00	0.00	1,073.30	35.63	1,108.93
3		ROOF IMPROVEMENTS	2/28/1991	SL / N/A	40 0000	4,494.00	0.00	2,140.50	112.35	2,252.85
138		Building 433 Park Ave	3/27/2009	SL / N/A	40 0000	5,141,205.00	0.00	128,530.13	128,530.13	257,060.26
Subtotal: 10 Buildings						5,417,502.00	0.00	338,054.43	135,437.56	473,491.99
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00
Net for: 10 Buildings						5,417,502.00	0.00	338,054.43	135,437.56	473,491.99
<b>11 Rental Property - BLDG</b>										
4		RENTAL-7649 LEESBRC	6/24/1981	SL / N/A	40 0000	347,000.00	0.00	251,575.00	8,675.00	260,250.00
Subtotal: 11 Rental Property - BLDG						347,000.00	0.00	251,575.00	8,675.00	260,250.00
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00
Net for: 11 Rental Property - BLDG						347,000.00	0.00	251,575.00	8,675.00	260,250.00
<b>12 RP - BLDG Improvements</b>										
6		7649 2nd FLOOR REMC	8/15/1990	MSL / MM	40 0000	12,084.00	0.00	5,928.92	302.09	6,231.01
5		ROOF IMPROVEMENTS	2/28/1991	MSL / MM	40 0000	4,493.00	0.00	2,146.10	112.43	2,258.53
7		Building improvements	11/30/1996	SL / N/A	40 0000	32,962.00	0.00	10,987.50	824.05	11,811.55
9		FLOOR REMODELING	6/19/1997	SL / N/A	40 0000	1,362.00	0.00	434.50	34.05	468.55
8		BUILDING IMPROVEME	6/20/1997	SL / N/A	39 0000	7,919.00	0.00	2,559.29	203.05	2,762.34
93		1 New Heat Pump	6/3/2003	SL / N/A	10 0000	4,572.00	0.00	3,124.20	457.20	3,581.40
108		Roof	4/20/2004	SL / N/A	40 0000	14,256.00	0.00	2,108.70	356.40	2,465.10
Subtotal: 12 RP - BLDG Improvements						77,648.00	0.00	27,289.21	2,289.27	29,578.48
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00
Net for: 12 RP - BLDG Improvements						77,648.00	0.00	27,289.21	2,289.27	29,578.48
<b>15 Software Amortization</b>										
14		SOFTWARE	12/1/1981	SL / N/A	7 0000	500.00	0.00	500.00	0.00	500.00
18		SOFTWARE & CONVER:	8/1/1986	SL / N/A	7 0000	1,560.00	0.00	1,560.00	0.00	1,560.00
19		SOFTWARE	8/1/1986	SL / N/A	7 0000	1,529.00	0.00	1,529.00	0.00	1,529.00
20		SOFTWARE CONVERSII	12/1/1986	SL / N/A	7 0000	3,000.00	0.00	3,000.00	0.00	3,000.00
21		SOFTWARE -GUL	5/31/1987	SL / N/A	7 0000	4,480.00	0.00	4,480.00	0.00	4,480.00
22		SOFTWARE - GUL	8/31/1987	SL / N/A	7 0000	1,520.00	0.00	1,520.00	0.00	1,520.00
25		SOFTWARE UPGRADE	2/20/1997	SL / N/A	5 0000	1,387.00	0.00	1,387.00	0.00	1,387.00
Subtotal: 15 Software Amortization						13,976.00	0.00	13,976.00	0.00	13,976.00
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00
Net for: 15 Software Amortization						13,976.00	0.00	13,976.00	0.00	13,976.00

52-0742132

04/01/2010 - 03/31/2011

Sorted: Group

# WAEPA, INC. [066190] Depreciation Expense

Financial

04/01/2010 - 03/31/2011

5/9/2011  
4:42:05PM

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179e Bonus / (Cur. Yr. Only)	Beg Accum. Depreciation / (Sec. 179e)	Current Depreciation	Total Depreciation / (Sec. 179e)
<b>16 Computer Equipment</b>										
33		SMC TIGER STACK HUI	11/1/1996	SL / N/A	5	0000	663 00	0 00	0 00	663 00
36		HP LASERJET PRINTER	12/1/1997	SL / N/A	5	0000	5,252 00	0 00	0 00	5,251 07
40		BBX 5 USER UPGRADE	6/30/1998	SL / N/A	5	0000	758 00	0 00	0 00	758 00
41		5 COMPUTERS	2/10/1999	SL / N/A	5	0000	5,914 00	0 00	0 00	5,914 00
24		LASER PRINTER	8/12/1999	SL / N/A	5	0000	522 50	0 00	0 00	522 50
11		COMPUTER SERVER	10/4/1999	SL / N/A	5	0000	6,018 09	0 00	0 00	6,018 09
10		COMPUTER EQUIPMEN	12/6/1999	SL / N/A	5	0000	8,778 00	0 00	0 00	8,778 00
80		HP 6P LASER PRINTER	4/18/2000	SL / N/A	5	0000	470 00	0 00	0 00	470 00
81		HP LASERJET 8000 PRI	10/3/2000	SL / N/A	5	0000	2,513 00	0 00	0 00	2,513 00
82		HP ENVELOPE FEEDER	10/18/2000	SL / N/A	5	0000	458 00	0 00	0 00	458 00
88		5 PC WORKSTATIONS/	4/19/2001	SL / N/A	5	0000	7,027 63	0 00	0 00	7,027 63
87		PC WORKSTATION (ELI	8/29/2001	SL / N/A	5	0000	1,095 16	0 00	0 00	1,095 16
89		PC WORKSTATION	11/29/2001	SL / N/A	5	0000	990 66	0 00	0 00	990 66
90		PC WORKSTATION (TOI	3/21/2002	SL / N/A	5	0000	1,246 69	0 00	0 00	1,246 69
94		Super Micro PC Worst	6/6/2002	SL / N/A	5	0000	886 16	0 00	0 00	886 16
100		Server	8/13/2003	SL / N/A	5	0000	2,926 00	0 00	0 00	2,926 00
101		2 Dell 2350 pc'S (Mark	9/1/2003	SL / N/A	5	0000	1,826 66	0 00	0 00	1,826 66
102		PCS	3/1/2004	SL / N/A	5	0000	1,386 72	0 00	0 00	1,386 72
103		XP Image Station	7/28/2004	SL / N/A	5	0000	2,299 00	0 00	0 00	2,299 00
104		Panasonic Duplex Scann	7/28/2004	SL / N/A	5	0000	1,045 00	0 00	0 00	1,045 00
105		Linux Server	7/28/2004	SL / N/A	5	0000	2,351 25	0 00	0 00	2,351 25
106		OKI Microline 590 printe	9/14/2004	SL / N/A	5	0000	613 25	0 00	0 00	613 25
107		3 Planner 17" monitors	2/22/2005	SL / N/A	5	0000	900 00	0 00	0 00	900 00
113		Pen 4 computer	4/29/2005	SL / N/A	5	0000	521 46	0 00	8 70	521 46
114		Linux Server	7/14/2005	SL / N/A	5	0000	1,916 25	0 00	95 81	1,916 25
115		ACER 15" LCD monitor	7/20/2005	SL / N/A	5	0000	240 00	0 00	16 00	240 00
116		Tally Printer	10/19/2005	SL / N/A	5	0000	13,793 70	0 00	1,609 26	13,793 70
117		3 Intel P4 Computers	3/23/2006	SL / N/A	5	0000	1,565 24	0 00	313 04	1,565 24
118		2 I40 Scanners	4/10/2006	SL / N/A	5	0000	1,990 00	0 00	398 00	1,990 00
119		2 Intel P4 Computers/mi	8/1/2006	SL / N/A	5	0000	1,460 00	0 00	292 00	1,362 67
120		Sony Tape Drive	12/7/2006	SL / N/A	5	0000	1,674 75	0 00	334 95	1,451 45
124		Quantum CL 1101 Serve	6/26/2007	SL / N/A	5	0000	2,632 23	0 00	526 45	1,974 19
125		1 Monitor/3 PCs	7/18/2007	SL / N/A	5	0000	1,615 00	0 00	323 00	1,184 33
126		Centos 5 Image Server	12/6/2007	SL / N/A	5	0000	2,250 00	0 00	450 00	1,500 00
127		2 PCs/Monitors	3/31/2008	SL / N/A	5	0000	1,150 00	0 00	230 00	690 00
128		12 Kodak Image Scanne	6/10/2008	SL / N/A	5	0000	11,988 00	0 00	2,397 60	6,793 20
129		2 Dell computers	7/22/2008	SL / N/A	5	0000	2,085 00	0 00	417 00	1,112 00
130		Dell computer system/se	3/30/2009	SL / N/A	5	0000	27,302 00	0 00	5,460 40	10,920 80
144		2 T3400 Mini Towers	5/8/2009	SL / N/A	5	0000	2,255 00	0 00	451 00	864 42
145		2 Computers	5/21/2009	SL / N/A	5	0000	2,085 00	0 00	417 00	764 50



# WAEPA, INC. [066190] Depreciation Expense

Sorted: Group

Financial

04/01/2010 - 03/31/2011

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec 179 / Bonus / (Cur. Yr. Only)	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
<b>16 Computer Equipment</b>										
146		Upgrade 2 Computers	7/1/2009	SL / N/A	5 0000	953 00	0 00	142 95	190 60	333 55
147		Linux Operating System	7/1/2009	SL / N/A	5 0000	2,557 00	0 00	383 55	511 40	894 95
148		DELL 2900 Server	7/27/2009	SL / N/A	5 0000	808 00	0 00	107 73	161 60	269 33
149		DELL Mini Tower	8/22/2009	SL / N/A	5 0000	2,224 00	0 00	259 47	444 80	704 27
150		5 DELL Hardives for Sei	9/14/2009	SL / N/A	5 0000	2,730 00	0 00	318 50	546 00	864 50
151		Small Business Server &	11/3/2009	SL / N/A	5 0000	5,267 00	0 00	438 92	1,053 40	1,492 32
152		Power Edge R200	11/9/2009	SL / N/A	5 0000	2,122 00	0 00	176 83	424 40	601 23
153		2 DELL Computers	11/9/2009	SL / N/A	5 0000	2,266 00	0 00	188 83	453 20	642 03
154		Bravo Pro DVD Publish	1/22/2010	SL / N/A	5 0000	3,129 00	0 00	104 30	625 80	730 10
155		Studio Slim Desktop	4/14/2010	SL / N/A	5 0000	2,415 00	0 00	0 00	483 00	483 00
158		Kodak 11220 Plus Color	5/18/2010	SL / N/A	5 0000	1,211 00	0 00	0 00	201 83	201 83
157		2 Ipads cases and docs	5/22/2010	SL / N/A	5 0000	1,884 00	0 00	0 00	314 00	314 00
159		Acronis Backup Recover	6/28/2010	SL / N/A	5 0000	5,869 00	0 00	0 00	880 35	880 35
160		2 Studio XPS 8100	9/14/2010	SL / N/A	5 0000	3,599 00	0 00	0 00	419 88	419 88
Subtotal: 16 Computer Equipment						169,498 40	0 00	92,964 92	20,450 47	113,415 39
Less dispositions and exchanges:						0 00	0 00	0 00	0 00	0 00
Net for: 16 Computer Equipment						169,498 40	0 00	92,964 92	20,450 47	113,415 39
<b>20 Furniture and Fixtures</b>										
43		BOOKCASE/WALL UNIT	4/1/1980	SL / N/A	10 0000	2,641 00	0 00	2,641 00	0 00	2,641 00
44		FILE CABINETS	1/25/1982	SL / N/A	10 0000	747 00	0 00	747 00	0 00	747 00
45		RUST CHAIRS	10/1/1984	SL / N/A	10 0000	480 00	0 00	480 00	0 00	480 00
47		AUTO LETTER OPENER	8/1/1985	SL / N/A	5 0000	873 00	0 00	873 00	0 00	873 00
48		EXTERIOR FLOOD LIGH	1/1/1986	SL / N/A	5 0000	720 00	0 00	720 00	0 00	720 00
49		XEROX MEMORYWRITE	11/1/1986	SL / N/A	5 0000	775 00	0 00	775 00	0 00	775 00
50		ELECTRONIC AIR CLEA	1/31/1987	SL / N/A	5 0000	650 00	0 00	650 00	0 00	650 00
52		DESK	12/31/1987	SL / N/A	10 0000	828 00	0 00	828 00	0 00	828 00
54		MICROWAVE OVEN	12/15/1989	SL / N/A	5 0000	149 00	0 00	149 00	0 00	149 00
55		2 PANA TYPEWRITER	1/15/1990	SL / N/A	5 0000	1,157 00	0 00	1,157 00	0 00	1,157 00
56		42 STORAGE CABINET	6/12/1990	SL / N/A	10 0000	217 00	0 00	217 00	0 00	217 00
57		SHN VCR 550	9/4/1990	SL / N/A	5 0000	204 00	0 00	204 00	0 00	204 00
59		PANASONIC	3/8/1993	SL / N/A	7 0000	663 00	0 00	663 00	0 00	663 00
60		RECORD DETACHER	7/21/1993	SL / N/A	5 0000	5,097 00	0 00	5,097 00	0 00	5,097 00
61		NOMADIC DISPLAY	2/7/1994	SL / N/A	5 0000	5,084 00	0 00	5,084 00	0 00	5,084 00
62		FIREPROOF 4 DRAWER	2/16/1994	SL / N/A	10 0000	1,103 00	0 00	1,101 01	0 00	1,101 01
63		EXECUTIVE CHAIR	3/6/1994	SL / N/A	5 0000	1,148 00	0 00	1,148 00	0 00	1,148 00
64		AT&T phone system	3/14/1995	SL / N/A	10 0000	9,091 00	0 00	9,091 00	0 00	9,091 00
65		WORKSTATIONS & CH/	5/15/1995	SL / N/A	10 0000	29,773 00	0 00	29,771 61	0 00	29,771 61
66		OVERHEAD PROJECTO	2/10/1996	SL / N/A	5 0000	522 00	0 00	522 00	0 00	522 00

# WAEPA, INC. [066190] Depreciation Expense

Financial

04/01/2010 - 03/31/2011

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179 / Bonus / Cur. Yr. Only	Beg. Accum Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
<b>20 Furniture and Fixtures</b>										
67		HP FAX 700	2/11/1996	SL / N/A	5	5,000	0.00	523.00	0.00	523.00
68		PANASONIC TYPEWRIT	10/15/1996	SL / N/A	5	5,000	0.00	532.00	0.00	532.00
69		FELLOW'S SHREDDER	12/2/1996	SL / N/A	5	5,000	0.00	1,358.00	0.00	1,358.00
70		D590 folder	12/17/1996	SL / N/A	7	7,000	0.00	1,672.00	0.00	1,672.00
71		DESK UNIT	8/4/1997	SL / N/A	10	10,000	0.00	1,253.60	0.00	1,253.60
72		DESKBOOKCASE UNIT	10/31/1997	SL / N/A	10	10,000	0.00	1,411.00	0.00	1,411.00
75		HP 1120 PRINTER	7/6/1998	SL / N/A	5	5,000	0.00	626.55	0.00	626.55
76		EXECUTIVE CHAIR	9/30/1998	SL / N/A	5	5,000	0.00	530.70	0.00	530.70
26		REFRIGRATOR	8/24/1999	SL / N/A	10	10,000	0.00	692.32	0.00	692.32
15		OFFICE 48- PANEL, SHE	10/29/1999	SL / N/A	10	10,000	0.00	785.82	0.00	785.82
16		OFFICE 48- CHAIR	10/29/1999	SL / N/A	10	10,000	0.00	455.00	0.00	455.00
17		OFFICE 48-LATERAL SC	10/29/1999	SL / N/A	10	10,000	0.00	1,060.45	0.00	1,060.45
13		5-DR FILES	1/27/2000	SL / N/A	10	10,000	0.00	2,100.00	0.00	2,100.00
12		5-DRAW CABINETS	1/28/2000	SL / N/A	10	10,000	0.00	2,147.88	0.00	2,147.88
83		FILE CABINET	8/17/2000	SL / N/A	10	10,000	0.00	1,254.00	52.25	1,254.00
84		NEOPOST ELECTR SC/	1/11/2001	SL / N/A	5	5,000	0.00	674.00	0.00	674.00
85		Workstation (Office 48)	1/30/2002	SL / N/A	10	10,000	0.00	1,037.66	127.06	1,164.72
86		MESSAGING VOICEMAIL	3/15/2002	SL / N/A	5	5,000	0.00	8,230.42	0.00	8,230.42
92		Freestanding Hutch w/ L	4/3/2002	SL / N/A	10	10,000	0.00	466.40	58.30	524.70
91		File, lgl, 4drw, 25 5" D/L	7/10/2002	SL / N/A	10	10,000	0.00	1,041.87	104.19	911.66
97		Laserjet 3330 Fax	7/22/2003	SL / N/A	5	5,000	0.00	825.55	0.00	825.55
98		Filing System	7/22/2003	SL / N/A	10	10,000	0.00	21,665.54	2,166.55	16,610.22
99		Bulk Storage Shelving	8/25/2003	SL / N/A	10	10,000	0.00	952.94	144.75	1,097.69
110		Safe	10/1/2004	SL / N/A	5	5,000	0.00	1,100.00	0.00	1,100.00
112		8 Tier legal size filing uni	7/5/2005	SL / N/A	10	10,000	0.00	2,858.74	601.84	3,460.58
122		Ikon copier RICOH MP2'	9/19/2007	SL / N/A	5	5,000	0.00	4,403.33	1,761.33	6,164.66
123		2 Desks/work stations	3/10/2008	SL / N/A	10	10,000	0.00	929.56	446.19	1,375.75
131		MOI Furniture	11/12/2008	M / HY	10	10,000	0.00	86,821.84	44,651.23	131,473.07
134		Phone System	11/13/2008	M / HY	5	5,000	0.00	13,037.96	4,814.02	17,851.98
132		AVR filing system	1/23/2009	SL / N/A	10	10,000	0.00	3,488.68	2,990.30	6,478.98
135		TV	3/16/2009	SL / N/A	5	5,000	0.00	368.12	339.80	707.92
133		Pitney Bowes mailing sy	3/31/2009	SL / N/A	10	10,000	0.00	295.10	295.10	590.20
141		Electronic Lock Fire Saf	4/21/2009	SL / N/A	5	5,000	0.00	135.67	148.00	283.67
140		Next Day Blinds	5/4/2009	SL / N/A	5	5,000	0.00	479.05	522.60	1,001.65
142		Webb Signs	9/17/2009	SL / N/A	7	7,000	0.00	349.00	698.00	1,047.00
143		MOI Furniture Modified -	10/9/2009	SL / N/A	10	10,000	0.00	74.15	148.30	222.45
155		Intercom Upgrade	3/31/2011	SL / N/A	5	5,000	0.00	0.00	0.00	0.00
<b>Subtotal. 20 Furniture and Fixtures</b>							<b>516,926.75</b>	<b>220,048.00</b>	<b>60,069.81</b>	<b>280,117.81</b>
<b>Less dispositions and exchanges:</b>							<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

52-0742132

04/01/2010 - 03/31/2011

Sorted: General - Group

WAEPA, INC. [066190]

## Depreciation Expense

Financial

04/01/2010 - 03/31/2011

5/12/2011  
10:52:29AM

System S No.	Description	Date In Service	Method / Conv	Life	Cost / Other Basis	Sec 179/ Bonus / (Cur. Yr. Only)	Special Allowance	Beg. Accum. Depreciation/ (Sec 179)	Current Depreciation/ (Sec. 179)	Total Depreciation/ (Sec 179)
<b>Net for: 20 Furniture and Fixtures</b>										
					516,926.75	0.00	0.00	220,048.00	60,069.81	280,117.81
<b>25 RP - F&amp;F &amp; Equipments</b>										
77	SIGNS	10/12/1987	MSL / HY	10 0000	474.00	0.00	0.00	474.00	0.00	474.00
78	MINI BLINDS	10/28/1987	MSL / HY	10 0000	667.00	0.00	0.00	667.00	0.00	667.00
<b>Subtotal: 25 RP - F&amp;F &amp; Equipments</b>					1,141.00	0.00	0.00	1,141.00	0.00	1,141.00
Less dispositions and exchanges:					0.00	0.00	0.00	0.00	0.00	0.00
<b>Net for: 25 RP - F&amp;F &amp; Equipments</b>					1,141.00	0.00	0.00	1,141.00	0.00	1,141.00
<b>50 BLDG - Improvements</b>										
79	CARPET	11/3/1992	SL / N/A	10 0000	3,132.00	0.00	0.00	3,131.10	0.00	3,131.10
37	TRANE HEAT PUMP	3/17/1994	SL / N/A	10 0000	5,771.00	0.00	0.00	5,770.40	0.00	5,770.40
34	HEAT PUMP - LEESBURG	8/16/1995	SL / N/A	10 0000	3,670.00	0.00	0.00	3,639.33	0.00	3,639.33
31	Building Improvements	11/30/1996	SL / N/A	40 0000	34,757.00	0.00	0.00	11,586.30	868.93	12,455.23
30	SHRLVING	4/29/1997	SL / N/A	10 0000	674.00	0.00	0.00	673.42	0.00	673.42
28	FLOOR REMODELING/FILE RM	6/19/1997	SL / N/A	39 0000	831.00	0.00	0.00	268.98	21.31	290.29
27	CARPETING	3/31/1999	SL / N/A	10 0000	929.00	0.00	0.00	929.00	0.00	929.00
23	SHELVING	9/30/1999	SL / N/A	39 0000	961.44	0.00	0.00	258.83	24.65	283.48
95	1 New Heat Pump	6/3/2003	SL / N/A	10 0000	4,572.00	0.00	0.00	3,124.20	457.20	3,581.40
96	Carpet upper level/stairs	2/17/2004	SL / N/A	10 0000	4,785.37	0.00	0.00	2,911.12	478.54	3,389.66
109	Roof	4/24/2004	SL / N/A	40 0000	14,256.00	0.00	0.00	2,108.70	356.40	2,465.10
111	1 Heat Pump/Air Handler	1/10/2006	SL / N/A	10 0000	7,150.00	0.00	0.00	3,038.75	715.00	3,753.75
121	Heat Pump/Air Handler	8/4/2006	SL / N/A	10 0000	7,745.00	0.00	0.00	2,839.83	774.50	3,614.33
136	Reserved Parking Signs	3/27/2009	SL / N/A	5 0000	1,452.00	0.00	0.00	290.40	290.40	580.80
137	Build-out of 433 Park Ave	3/27/2009	SL / N/A	39 0000	1,151,959.00	0.00	0.00	29,537.41	29,537.41	59,074.82
139	Security System	9/9/2009	SL / N/A	10 0000	9,834.00	0.00	0.00	573.65	983.40	1,557.05
162	Upgrade HVAC in Computer Room	1/11/2011	SL / N/A	5 0000	3,935.00	0.00	0.00	0.00	196.75	196.75
161	Drywall/Paint/Carpet/Etc	3/24/2011	SL / N/A	10 0000	47,340.00	0.00	0.00	0.00	0.00	0.00
163	Flooring/Paint Wallcovering/Electrical	3/31/2011	SL / N/A	10 0000	30,898.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal: 50 BLDG - Improvements</b>					1,334,651.81	0.00	0.00	70,681.42	34,704.49	105,385.91
Less dispositions and exchanges:					0.00	0.00	0.00	0.00	0.00	0.00
<b>Net for: 50 BLDG - Improvements</b>					1,334,651.81	0.00	0.00	70,681.42	34,704.49	105,385.91
<b>Subtotal:</b>										
					7,878,343.96	0.00	0.00	1,015,729.98	261,626.60	1,277,356.58
Less dispositions and exchanges:					0.00	0.00	0.00	0.00	0.00	0.00
<b>Grand Totals:</b>					7,878,343.96	0.00	0.00	1,015,729.98	261,626.60	1,277,356.58

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, - visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

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

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

Type or print	Name of exempt organization <b>WORLDWIDE ASSURANCE FOR EMPLOYEES OF PUBLIC AGENCIES, INC.</b>	Employer identification number <b>52-0742132</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>433 PARK AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FALLS CHURCH, VA 22046</b>	

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

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN MONTAGUE**

- The books are in the care of ► **433 PARK AVENUE - FALLS CHURCH, VA 22043**  
Telephone No. ► **(703) 790-8010** FAX No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **APR 1, 2010** , and ending **MAR 31, 2011** .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)