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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or th	e 2010 calendar year, or tax year beginning 09/01, 2010, and endi	ng			731 , 20 11
R.	hank if:	C Name of organization INDEPENDENT INSURANCE AGENTS &		D Employer ide		
_ c	heck nfap	BROKERS OF AMERICA		13-566	5571	
	Addre					
Г	Name	change Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone n	umber	
	Initial	return 127 SOUTH PEYTON STREET		(703) 68	3-44	22
	Termi	City or town, state or country, and ZIP + 4				<u></u> .
	Amen		l	G Gross receip	ts \$	16,850,530.
		F Name and address of principal officer ROBERT RUSBULDT.		H(a) Is this a grou		
L.	pendi	127 S. PEYTON ST. ALEXANDRIA, VA 22314		affiliates? H(b) Are all affilia	toe roeke	├ ┤
_	Tax.ox		,			(see instructions)
÷		empt status				•
				H(c) Group exem		
_			of formati	on 1896 M	State o	f legal domicile IN 1
ie	rti	Summary				
	1	Briefly describe the organization's mission or most significant activities				
æ		SEE PART III, LINE 1				
¥						
S		**				
. Lovem112.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more th	an 25%	of its net assets	s	
~∞	3	Number of voting members of the governing body (Part VI, line 1a)			3	53.
es	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	51.
≊	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	90.
Act.	6	Total number of volunteers (estimate if necessary)			6	100.
Ω	7 a	Total gross unrelated business revenue from Part VIII column (C) line 12			7 a	0.
¥	ь	Net unrelated business taxable income from Eohm 990 F, line 340			7 b	0.
Ē				Prior Year		Current Year
•	8	Contributions and grants (Part VIII, the 1h). Program service revenue (Part VIII, the 2g)			0.	0.
F	9			10,189,63	36.	8,736,630.
Revenue ANNEDACTIVITIES &	10	Program service revenue (Part VIII, talia 2g) Investment income (Part VIII, column (A), lines 3, 4 (artiV/d) Other revenue (Part VIII, column (A), lines 0 or 3c, 9c, 10c, and 11e)		404,57		547,394.
æ	11	Other revenue (Part VIII, column (A), lines 6 od, 8c, 9c, 10c, and 11e)		40,55		1,177,623.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,634,76		10,461,647.
				148,10		155,425.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		140,10	0.	133,423.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		9,753,52	- 1	10,045,382.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		9,755,52		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	-	0.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		25.0		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	359,27		-544,505.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		10,260,90		9,656,302.
	19	Revenue less expenses Subtract line 18 from line 12		373,86	50.	805,345.
t Assets or				ning of Current		End of Year
set	20	Total assets (Part X, line 16)		31,361,25		33,411,381.
d B	21	Total liabilities (Part X, line 26)		8,915,95	58.	10,091,989.
Per	22	Net assets or fund balances Subtract line 21 from line 20		22,445,29	95.	23,319,392.
Pa	ırt II	Signature Block				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen			nowled	ge and belief, it is true,
COL	rect, ar	nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowle	age		
S	ign	Si care Colo		7/7/	20/7	
	ere	Signature of officer		Date		
		E. Stevenson Cocke, CFU/Treesures				
		Type or print name and title				
_		Print/Type preparer's name Preparer's signature Date ,		Check if		PTIN
Paid	d	D. 11 ()15her	/	self-		,
Pre	parer	WATER MEECAN II C		employed ▶	.	P00957510
Use	Only	Firm's name WATKINS MEEGAN LLC				297695
		Firm's address > 7700 WISCONSIN AVENUE, SUITE 500 BETHESDA, MD 20814	1	Phone no	301-	-654-7555
		RS discuss this return with the preparer shown above? (see instructions)		<u></u>		X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.				Form 990 (2010)

ATTACHMENT 1

) (Revenue \$

Form **990** (2010)

(Expenses \$

including grants of \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A south and a section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A south and a section 501(c)(4) organization required to complete Schedule B. Schedule of Contributors? (see instructions). 2. X 3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part III. 5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that recovers membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5. Is the organization maintain any dionor 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 III. 5. It is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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 counteding, debit management, credit repair, or debt negotiation severals? If "Yes," complete Schedule D, Part IV. 9. If If the organization report an amount for lond, buildings, and equipment in Part X, line 102 If "Yes," complete Schedule D, Part IV. 10. If the organization hashily or more a	Form 9	990 (2010) 13-5665571		1	Page 3
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B. Schedule of Continuors? (see instructions). 3 by the organization required to complete Schedule B. Schedule of Continuors? (see instructions). 3 candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the lax year? If "Yes," complete Schedule C, Part II. 5 is the organization as 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 II. 6 Dd the organization maintain any disone advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Dd the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histone land areas, or histone structures? If "Yes," complete Schedule D, Part II. 8 Dd the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histone land areas, or histone structures? If "Yes," complete Schedule D, Part II. 9 Dd the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide circett counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV. 10 Dd the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VII. 10 Dd the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 Dd the organ	Part	V Checklist of Required Schedules			
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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 "Pres," complete Schedule (2 at II) assessments, or similar amounts as defined in Revenue Procedure 93-19? If "Yos," complete Schedule (2 part II) assessments, or similar amounts as defined in Revenue Procedure 93-19? If "Yos," complete Schedule (2 part II) assessments, or similar amounts as defined in Revenue Procedure 93-19? If "Yos," complete Schedule (3 part II) assessments the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization award on a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI. 9 Did the organization organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 10 Did the organization organization organization and the following questions is "Yes," then complete Schedule D, Part VI. 11 If the organization report an amount for lollowing questions is "Yes," then complete Schedule D, Part VI. 12 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 VIII. 13 Did the organization report an amount for other liabilities 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 XIII. 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its to			3	Х	
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assessments, or similar amounts as defined in Revenue Procedure 98-19" // "Yes," complete Schedule C, Part // " 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" // "Yes," complete Schedule D, Part // " Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part // " Did the organization maintain collections of works of art, historical treasures, or other similar assets" // "Yes," complete Schedule D, Part // " 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? // "Yes," complete Schedule D, Part V, " Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endownents? // "Yes," complete Schedule D, Part V, VII, VIII, VIII, VIII, X or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10" // "Yes," complete Schedule D, Part V, VII, VIII, X or X as applicable a 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" // "Yes," complete Schedule D, Part VIII. 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" // "Yes," complete Schedule D, Part XII. Did the organization orbit an amount of or other assets in Part X, line 25" // "Yes," complete Schedule D, Part XII. Did the organization separate or consolidated financial statements for the tax year? // "Yes," on all the organization report an amount for other hashities in Part X, line 16" // "Yes," compl	5				
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the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization mentan collections of works of ari, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VV. 11 If the organization was ret to any of the following questions is "Yes," then complete Schedule D, Part VV. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VVII. 13 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 VVII. 14 Did the organization report an amount for other inselled 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 VVII. 15 Did the organization as an amount for other inselled 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 VVII. 16 Did the organization as a parate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated financial statements for the tax year? If "Yes," and If the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fund	6				
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X					
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No. 2 (200 May 1) 1 (1	11f	х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?. 14a 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. 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. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 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 (see instructions). 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	12 a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			12a		Х
the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	b				
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12b	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	13		13		Х
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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			14b		Х
organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_		
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 V			15		Х
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and V	16				
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 (see instructions)			16		Х
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	•			
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			17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	·			
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			18		х
If "Yes," complete Schedule G, Part III	19				İ
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19		x
202 Bid the digament operate one of more hoopitals in 700, complete conductory 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	20 a			-	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form. I. I. I.		If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form	<u> </u>	ľ	<u> </u>
990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b X	-		20ь	[x

L CII	Checklist of Required Schedules (continued)			
24	Political control of the CE 000 of control of the c		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			
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
2.5	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a				
	\$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		Х
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		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		Х	
	Schedule L, Part N	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in hori-cash contributions in rese, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	-50		
J 1	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
-	complete Schedule N, 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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Farm	990	/2010

			<u>· · · · · </u>	للسلخ
	ł I 26		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			, ,
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		â	<u> </u>
	reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u></u>	1
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
)	If "Yes," enter the name of the foreign country ▶	ą.		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	 		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
	Organizations that may receive deductible contributions under section 170(c).	,	,;	į, ,
ı	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7 a		L
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		ļ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7 c		
ı	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		ļ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		ļ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		ļ
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	<u> </u>	<u> </u>
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		↓
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	<u> </u>
	Section 501(c)(7) organizations. Enter		[
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter			
ì	Gross income from members or shareholders		1	
)	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them)	<u></u>	<u> </u>	
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		T
_	Note. See the instructions for additional information the organization must report on Schedule O		l	1
h	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	t	† <u></u>
	11 100, 100 it flood at offit 120 to report these payments in 140, provide an explanation in obligation of			(2010
ISA 40 1 0		Form	ggn	

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	beler beler beleven	ow, a ange	and s in
a Enter the number of voting members of the governing body at the and of the tax year					X
1a Enter the number of voting members of the governing body at the end of the tax year	Sect	ion A. Governing Body and Management		_	
b Enter the number of voting members included in line 1a, above, who are independent				Yes	No
De the direction of voling members shoulded in the 1s, above, which are interperient. 2	1a	Little the humber of voting members of the governing body at the end of the tax year			
any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filted? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization the powerning body subject to approval by members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a specific provided by the following. 1 The governing body? 1 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of supervised by the following. 2 The governing body? 3 The section Brequestes? "Pres, provide the names and addresses in Schedule O. 5 Each committee with authority to act on behalf of the governing body? 1 Steries any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 11 All Has the organization have local chapters, branches, or affiliates? 12 Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Does the organization have a written written conflict of interest policy? If "Yes," does the organization have a written written conflict of interest policy? If "Yes," or to lime 13. 12 Does the organization have a written organization of the following persons include a review	b	Enter the number of voting members included in line 1a, above, who are independent			
and the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or frustees, or key employees to a management company or other person? 3	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
supervision of officers, directors or frustees, or key employees to a management company or other person? 3		any other officer, director, trustee, or key employee?	2		<u>X</u>
A Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? 5 Did the organization become aware during the year of a significant diversion of the organization sasests? 5 X 5 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 A Y 8 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 6 A Y 8 Dod the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B A X 1 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? "Pres," provide the names and addresses in Schedule O 9 X 8 Section B, Policies (This Section B requests information about policies not required by the internal Revenue Code I 10a Does the organization have local chapters, branches, or affiliales? 11a Has the organization have local chapters, branches, or affiliales? 11b Yes." does the organization have written opicies and procedures governing the activities of such chapters, affiliales, and branches to ensure their operations are consistent with those of the organization? 11b X 11c Yes." does the organization have a written operations are consistent with those of the organization for the form? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11b X 12c X 12c X 12d Does the organization have a written whistleblower policy? 10 to the 13 to 15 to the 13 to 15	3	Did the organization delegate control over management duties customarily performed by or under the direct			
Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members is stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members is stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Each committee with authority to act on behalf of the governing body? 10 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization is mailing address? If "Yes," provide the names and addresses in Schedulie O 10 Is the any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters. 11 If a Has the organization have written policies and procedures governing the activities of such chapters. 12 If a Has the organization have written operations are consistent with those of the organization? 13 Does the organization have a written operations are consistent with those of the organization for proceeds a copy of this Form 990 to all members of its governing body before filling the form? 14 Does the organization have a written operations are consistent with those of the organization for proceeds of the organization for trustees, and key employees required to disclose annually interests that could give rise to conflicts? 15 Does the organization have a written document reference of the organization for the deliberation and decision? 16 Does the organization have a		supervision of officers, directors or trustees, or key employees to a management company or other person? \dots	3		
Does the organization have members or stockholders? 10 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 10 Does the organization have members, stockholders, or other persons? 11 Does the organization have members of the governing body? 12 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 12 The governing body? 13 Does the organization organization contemporaneously document the meetings held or written actions undertaken during the year by the following 13 The governing body? 14 Does the organization family address? If "Yes," provide the names and addresses in Schedule O. 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Each the organization family address? If "Yes," provide the names and addresses in Schedule O. 18 Each committee with authority to act on behalf of the governing body? 19 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have a diverse provided the names and addresses in Schedule O. 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have been surface personation and proceedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization and have a written conflict of interest policy? If "No," go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization regularly a	4				
a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A Z X B D Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 B D Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 B D Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 B D A D Are any decisions of the governing body written actions undertaken during the year by the following 8 D A D D Are any officer, director, fursites, 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 8 D D D D D D D D D D D D D D D D D D	5			v	X
the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b	6	-	6		
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . 7b	7a	- · · · · · · · · · · · · · · · · · · ·		v	
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?		ů ů ,			V
the year by the following a The governing body?. b Each committee with authority to act on behalf of the governing body? lishere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Wes No 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Last Does the organization have a written conflict of interest policy? If "No," go to line 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b X 12c X Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision? 15 Did the process for determining compensation. 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision? 16 Did the organization in point wenture arrangement of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiat	b		7 b		
a The governing body? b Each committee with authority to act on behalf of the governing body? g 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 0 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code } Ves. 10a Does the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization have a written whistleblower policy? If "No," go to line 13 b Does the organization have a written whistleblower policy? c Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written whistleblower policy? 15 Dot 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? 16 Dot the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dot the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the 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 avai	8				
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? "Yes," provide the names and addresses in Schedule O. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 11b X 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b C Does the organization have a written whistleblower policy? 12b C Does the organization have a written whistleblower policy? 12c C Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Dut 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? 15a The organization's CEO, Executive Director, or top management official 15d V 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15d V 16a Did the organization invest in, contribute assets to, or participate in a joint venture or simil		•		x	
Section B. Policies (This Section B requests information about policies 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. 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11b Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Does the organization have a written conflict of interest policy? If "No," go to line 13 12b X 12c Cobes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b Does the organization have a written document retention and destruction policy? 13 X 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 16 Did the organization SCEO, Executive Director, or top management official 16 Did the organization in point venture arrangement with a taxable entity during the year? 16 If "Yes," to line 15 ao 15 b, describe the process in Schedule O (See instructions) 16 Did the organization in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point venture arrangements under applicable fede	_	<u> </u>			
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Does the organization have a written conflict of interest policy? If "No," go to line 13			11a		Х
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with a taxable entity during the year?					
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?	16a				v
the organization's exempt status with respect to such arrangements?			16a		
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organization ► STEVE COCKE 127 S. PEYTON ST. ALEXANDRIA, VA 22314	20		ne.		
		organization STEVE COCKE 127 S. PEYTON ST. ALEXANDRIA, VA 22314			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- 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	(B)	- <u>-</u> -			 C)	-		(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	nstitutional trustee		k ali	at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)JOHN GRUMMETT STATE DIRECTOR FOR AK	1.00	Х						0.	0.	. (
(2) JOE FULLER STATE DIRECTOR FOR AL	1.00	х						0.	0	. (
STATE DIRECTOR FOR AR	1.00	Х						0.	0	. (
STATE DIRECTOR FOR AZ	1.00	Х						0.	0.	. (
STATE DIRECTOR FOR CA	1.00	Х						0.	0.	
(6)MICHAEL RIFKIN STATE DIRECTOR FOR CO	1.00	Х		-				0.	0.	-
TATE DIRECTOR FOR CT	1.00	Х						0.	0.	
THEODORE PAPPAS STATE DIRECTOR FOR DC	1.00	х						0.	0.	. (
(9) JAMES WATKINS STATE DIRECTOR FOR DE	1.00	х						0.	0.	. (
STATE DIRECTOR FOR FL	1.00	Х						0.	0.	. (
	1.00	х						0.	0.	. (
	1.00	х						0.	0.	. (
	1.00	х						0.	0.	. (
STATE DIRECTOR FOR ID	1.00	х						0.	0.	. (
(15)BRIAN MCSHERRY STATE DIRECTOR FOR IL	1.00	х						0.	0	
(16)BEV BARNEY STATE DIRECTOR FOR IN	1.00	х						0.	0	

Form 990 (2010)

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and I	ligi	hest Compensat	ed Employe	es (c	ontinued)
Name and title	(B) Average			chec	_	that ap		(D) Reportable	(E) Reportab		(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	stee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensat from relat organizatio (W-2/1099-M	ed ons	amount of other compensation from the organization and related organizations
(17) GREG RENN STATE DIRECTOR FOR KS	1.00	Х						0.		0.	0
(18) TOMMY ADAMS STATE DIRECTOR FOR KY	1.00	х						0.		0.	0
(19) LEE SCHILLING STATE DIRECTOR FOR LA	1.00	х						0.		0.	0
(20) JOSEPH P. LEAHY STATE DIRECTOR FOR MA	1.00	X						0.			0
(21)MICHAEL MCCARTIN STATE DIRECTOR FOR MD	1.00	X						0.		0.	0
C22) DANIEL GUERETTE STATE DIRECTOR FOR ME	1.00	х						0.		0.	0
STATE DIRECTOR FOR MI	1.00	х						0.		0.	0
(24) DAVID SZCZEPANSKI STATE DIRECTOR FOR MN	1.00	х						0.		0.	0
(25) MITCHELL MILLS STATE DIRECTOR FOR MO	1.00	х						0.		0.	0
(26) DEBBIE SHEMPERT STATE DIRECTOR FOR MS	1.00	х		i				0.	,	0.	0
STATE DIRECTOR FOR MT	1.00	х						0.	,	0.	0
(28) DONALD EVANS STATE DIRECTOR FOR NC	1.00	Х						0.		0.	0
1b Sub-total		·_•_•					>	0	1	0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>	2 012 544		0	305,609. 305,609.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 in		
2. Did the executation list and former office					_						Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	livid	ual							3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	3150	00,0)0?	If "Y	es,				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization	compensa	ted 11	ndep	en	den	t con	trac	ctors that receive	d more tha	n \$10 	0,000 of
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) Compensation
ATTACHMENT 3											
							+		+		
	·····						+				
2 Total number of independent contractors (i more than \$100,000 in compensation from the more than \$100,000				nıte		o tho	se i	listed above) who	received		

		ie	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51
1 a	Federated campaigns	1 1					
b	Membership dues						- , .
С	Fundraising events	1 1					
đ	Related organizations	<u>1d</u>					*
e	Government grants (contribution	ns) 1e					-
f	All other contributions, gifts, grants,						
	and similar amounts not included ab	pove . 1f					
g	Noncash contributions included in li						
h	Total. Add lines 1a-1f	<u>.</u> .		0.			
			Business Code			 	
2a	ANNUAL CONVENTION		900099	683,934.			683,93
b	MEMBER DUES		900099	6,608,397.	6,608,397.		
С	BEST PRACTICES		900099	46,929.	46,929.		
d	PROGRAM SUPPORT		900099	762,156.	762,156.		
e	EDUCATION PROGRAMS		900099	565,146.	565,146.		
f	All other program service reveni	ue	900099	70,068.	70,068.		
g	Total. Add lines 2a-2f			8,736,630.			
3	Investment income (including o	dividends, intere	est, and		. "		
	other similar amounts)		<u>.</u> [129,318			129,31
4	Income from investment of tax-			0.			
5	Royalties · · · · · · · · ·			1,219,946.			1,219,94
•	riojamos	(ı) Real	(II) Personal	ž Ž	<u> </u>	·徐 〉 編、	• 5-
6a	Gross Rents	315,439.		*	di i	activity.	5.0
b	Less rental expenses	246,140.					
c	Rental income or (loss)	69,299.		ف			, ,
d	Net rental income or (loss)		· >	69,299.			69,29
-	,	(ı) Securities	(II) Other				
7 a	Gross amount from sales of	6,560,819	,				
_	assets other than inventory	.,,,,,,,		`		, , ,	
b	Less cost or other basis	6,142,743.					
	and sales expenses		 				
c d	Gain or (loss)	410,070.		418,076.			418,07
				410,070.			410,07
8a	Gross income from fund	_					1
	events (not including \$						
	of contributions reported on line			* *			
	See Part IV, line 18						į
þ	Less direct expenses						
С	Net income or (loss) from fundr			0			<u> </u>
9 a				•			
	See Part IV, line 19						
b	Less direct expenses	b	L				
С	Net income or (loss) from gami	ing activities	<u> </u>	0			
10a	Gross sales of inventory						-
	returns and allowances	a					
b	Less cost of goods sold				·		
С	Net income or (loss) from sales			0.			
	Miscellaneous Revenue)	Business Code		· · · · · · · · · · · · · · · · · · ·		
11a	MISCELLANEOUS		900099	-111,622.	-111,622.		
b							
c							
ď	All other revenue						
e	Total. Add lines 11a-11d · · ·			-111,622.			1
				10,461,647.	7,941,074.		2,520,57

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (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	(D) Fundraising expenses					
1	Grants and other assistance to governments and				_					
•	organizations in the U.S. See Part IV, line 21	120,000.								
2	Grants and other assistance to individuals in									
-	the U.S. See Part IV, line 22	35,425.								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	U.S. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	3,529,930.		<u> </u>						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.	<u> </u>							
7	Other salanes and wages	5,235,652.								
8	Pension plan contributions (include section 401(k)				_					
	and section 403(b) employer contributions)	263,092.	14.74 MI							
9	Other employee benefits	597,320.								
10	Payroll taxes	419,388.								
11	Fees for services (non-employees)									
	Management	0.								
b	Legal	26,559.								
c	Accounting	62,185.								
	Lobbying	309,259.								
	Professional fundraising services See Part IV, line 17	0.								
	Investment management fees	0.								
g	ā.;	577,969.								
12	Advertising and promotion	52,335.								
13	Office expenses	704,347.								
14	Information technology	469,956.								
15	Royalties	0.								
16	Occupancy	696,847.								
17	Travel	584,859.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	743,272.								
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	309,280.								
23	Insurance	137,600.								
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)									
_	REIMBURSEMENTS OF EXPENSES	-5,768,304.								
~	SPECIAL ACTIVITIES	161,640.								
c	COMMUNITY RELATIONS &									
d	OUTSIDE MEMBERSHIPS	218,203.	· - · · ·							
е	MEMBER PROJECTS	165,970.								
f	All other expenses	3,518.								
	Total functional expenses. Add lines 1 through 24f	9,656,302.								
26	Joint Costs. Check here ▶ 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			1						
	campaign and fundraising solicitation									
JSA 1052 1	000				Form 990 (2010)					

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pedges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other dequalities persons (as defined under section 4958f)(1)), persons described in section 4958f)(2) yill, and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 11 Investments - other securities See Part IV, line 11 12 Investments - publicity traded securities. 13 Investments - program-related See Part IV, line 11 14 Intangible assets. 15 Other assets See Part IV, line 11 16 Total assets, Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 1 1, 565, 879, 17 1, 797, 18 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV follows FAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. 10 Organizations that follow SFAS 117, check here ► X and complete lines 20 through 34. 27 Temporarity restricted net assets 29 Permanently restricted net assets 31 Total liabilities current funds 31 Pad-in or capita	Pa	rt X	Balance Sheet				
2 Savings and temporary cash investments 3 Pledges and grants reconvoble, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualisted persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(38) and contributing employees and sponsoning organizations of section 591(c)(9) voluntary employees: beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1 Less accumulated depreciation 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related See Part IV, line 11 1 Investments - program-related See Part IV, line 11 1 Intrangible assets 1 To Other assets See Part IV, line 11 1 Intrangible assets 1 To Other assets See Part IV, line 11 1 To Accounts payable and accrued expenses 1 To Other assets See Part IV, line 11 1 Paccounts payable and accrued expenses 2 Tax-exempt bond liabilities 2 Secured mortgages and notes payable to unrelated third parties 2 Secured mortgages and notes payable to unrelated third parties 2 Secured mortgages and notes payable to unrelated third parties 2 Tax-exempt bond liabilities Complete Part IV of Schedule D 2 Tax-exempt bond liabilities Complete Part IV of Schedule D 3 Secured mortgages and notes payable to unrelated third parties 3 Secured mortgages and notes payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 4 Total liabilities. Add lines 11 through 25 4 Total liabilities. Add lines 13 through 25 5 Total liab		,					(B) End of year
2 Savings and temporary cash investments 3 3 4 Accounts receivable, net 160,197, 4 276 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part III of Schedule L 5 5 6 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part III of Schedule L 5 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(2)(8), and contributing employees and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 6 8 7 Notes and loans receivable, net 7 8 Inventiones for sale or use 7 10 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,729,343 10 10,966,368 12 11,881 11 11,966,368 12 11,881 13 Investments - publicly traded securities 7,974,164 11 8,682 11,966,368 12 11,881 13 Intangible assets 7,974,164 11 8,682 11,966,368 12 11,881 13 Intangible assets 7,094,978 15 8,178 13 14 11 14 11 13 14 11 14 13 14 14		1	Cash - non-interest-bearing		440,528.	1	721,560.
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b Less accumulated depreciation 10b 7,176,113 3,458,230 10c 3,553 11 Investments - publicity traded securities 7,974,164 11 8,682 12 Investments - other securities See Part IV, line 11 11,966,368 12 11,881 13 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Other assets See Part IV, line 11 7,094,978 15 8,178 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,361,253 16 33,411 17 Accounts payable and accrued expenses 1,565,879 17 1,797 18 Grants payable and accrued expenses 1,565,879 17 1,797 18 Grants payable and accrued expenses 226,491 19 264 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 29 Organizations that follow SFAS 117, check here Image 27 through 29, and lines 33 and 34. Inchest Relation 15 through 25 Relation 15 through 25 Relation 15 through 25 Relation 29 Organizations that do not follow SFAS 117, check here Image 27 through 29, and lines 33 and 34. Inchest Relation 29 Organizations that do not follow SFAS 117, check here Image 27 through 29, and lines 33 and 34. Inchest Relation 29 Organizations that do not follow SFAS 117, check here Image 27 through 29 organizations that do not follow SFAS 117, check here Image 27 through 29 organizations that do not follow SFAS 117, check here Image 27 organizations that do not fol				3,343.			
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13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 17 7,094,978 15 8,178 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,361,253 16 33,411 17 Accounts payable and accrued expenses 1,565,879 17 1,797 18 Grants payable 18 226,491 19 264 20 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 24 25 Other liabilities. Complete Part X of Schedule D 21 22 23 24 25 Other liabilities. Complete Part X of Schedule D 27 21 22 23 24 25 Other liabilities. Add lines 17 through 25 8,915,958 25 8,029 26 Total liabilities. Add lines 17 through 25 27 23,319 27 23,319 27 27 23,319 28 29 Permanently restricted net assets 29 Permanently restricted net					7,974,164.	11	8,682,230.
14 Intangible assets 15 Other assets See Part IV, line 11 7,094,978. 15 8,178 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,361,253. 16 33,411 17 Accounts payable and accrued expenses 1,565,879. 17 1,797 18 Grants payable 18 18 226,491. 19 264 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 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 8,915,958. 26 10,091 27,123,588. 25 8,029 27 27,123,588. 25 8,029 28 29 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 22,445,295. 27 23,319 22,445,295. 27 23,319 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 22,445,295. 33 23,319 23,319 23,319 23,319 23,319 23,319 24,445,295. 33 23,319		12	Investments - other securities See Part IV, line 11	[11,966,368.	12	11,881,322.
14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117, check here Inner		13	Investments - program-related See Part IV, line 11	[13	
15 Other assets See Part IV, line 11		14	, •		<u> </u>		
17		15			7,094,978.	15	8,178,632.
17 Accounts payable and accrued expenses 1, 565, 879 17 1, 797 18 Grants payable 18 226, 491 19 264 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 8, 915, 958 26 10, 091 26 Total liabilities. Add lines 17 through 25 8, 915, 958 26 10, 091 27 Unrestricted net assets 22, 445, 295 27 23, 319 28 Temporarily restricted net assets 22 29 Permanently restricted net assets 29 29 Permanently restricted net assets 29 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 31 Total net assets or fund balances 22, 445, 295 33 23, 319		16	Total assets. Add lines 1 through 15 (must equal line 34)	[31,361,253.	16	33,411,381.
19 Deferred revenue		17			1,565,879.	17	1,797,272.
Tax-exempt bond liabilities		18	Grants payable	[-	
Escrow or custodial account liability Complete Part IV of Schedule D 21		19	Deferred revenue	[226,491.	19	264,735.
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	[20	
Secured mortgages and notes payable to unrelated third parties	S	21	Escrow or custodial account liability Complete Part IV of Sche	dule D		21	
Secured mortgages and notes payable to unrelated third parties	İţ	22	Payables to current and former officers, directors, trustees	s, key			
Secured mortgages and notes payable to unrelated third parties	abi		employees, highest compensated employees, and disqualified p	ersons			
Unsecured notes and loans payable to unrelated third parties. Other liabilities Complete Part X of Schedule D. 7,123,588. 25 8,029 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 22,445,295. 27 23,319 Permanently restricted net assets. Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. 24 7,123,588. 25 8,029 8,915,958. 26 10,091 22,445,295. 27 23,319	Ξ		Complete Part II of Schedule L	[22	
25 Other liabilities Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		23	Secured mortgages and notes payable to unrelated third parties	[23	····
Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties]			
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 22, 445, 295 27 23, 319 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds 30 21 Paid-in or capital surplus, or land, building, or equipment fund 31 22 Retained earnings, endowment, accumulated income, or other funds 32 23 Total net assets or fund balances 22, 445, 295 33 23, 319		25	•				8,029,982.
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25		8,915,958.	26	10,091,989.
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ses		Organizations that follow SFAS 117, check here \blacktriangleright X and comlines 27 through 29, and lines 33 and 34.	plete			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	anc	27	Unrestricted net assets	[22,445,295.	27	23,319,392.
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Bal	28	Temporarily restricted net assets	[28	
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	pu	29				29	
30 Capital stock or trust principal, or current funds				ind			
33 Total net assets or fund balances	ts (30	Capital stock or trust principal, or current funds			30	
33 Total net assets or fund balances	sse	31					
		32			. —	32	
	Net	33	Total net assets or fund balances				23,319,392.
194 Fotor madmittee and net assets/fund palances,	_	34	Total liabilities and net assets/fund balances		31,361,253.	34	33,411,381.

Form **990** (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			ا ا	X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	, 46	51,6	647.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	, 65	6,3	302.
3	Revenue less expenses Subtract line 2 from line 1	3		80	5,3	345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	, 44	5,2	295.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6	8,	752.
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	23	, 31	9,3	392.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
				$\overline{}$	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[\neg		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		Х
b	Were the organization's financial statements audited by an independent accountant?		2	b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	С	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	n .	· · · [
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	3				į
	issued on a separate basis, consolidated basis, or both					
	Separate basis X 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?		3	а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• `				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b		

Form **990** (2010)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts 1-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

		that have NO1 filed Form 5/68 (election	, ,	•	
	-	to Form 990, Part IV, line 5 (Proxy Ta	ax) or Form 990-EZ, Pa	rt V, line 35a (Proxy Tax), t	hen
	Section 501(c)(4), (5), or (6) org				~
		NT INSURANCE AGENTS &		1 ' '	fication number
ــــــــــــــــــــــــــــــــــــــ	OKERS OF AMERICA		·	13-56	
Pa		rganization is exempt under s			
1	Provide a description of the	organization's direct and indirect p	olitical campaign ad	ctivities on behalf of or i	n opposition to
	candidates for public office				
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pai	t I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).		
1		cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				1 1 1
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the c	rganization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly ex	xpended by the filing organization	for section 527 exe	mpt function	
2	Enter the amount of the filin	g organization's funds contributed t	to other organization		
	527 exempt function activiti	es		· · · · · · · · • \$	
3	Total exempt function expe	enditures Add lines 1 and 2 Ente	er here and on Forr	n 1120-POL,	
4		e Form 1120-POL for this year?			
5		s and employer identification num			
		s For each organization listed, ent			
		ributions received that were promp			
	as a separate segregated fur	nd or a political action committee (F	rac) ii additional sp	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
_					
(1)					
	· · · · · · · · · · · · · · · · · · ·				
(2)					
(3)	-		•••		
(3)					
(4)					
(7)		[
(5)					
\~ <i>j</i>					
(6)					
,			l	1	1

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010							Page Z
Part II-A Complete if the or section 501(h)).	ganizati	on is exer	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ection under	
		_	o an affiliated grou box A and "limited	•	ons apply.		
		ying Exper				(h.) A (6.1	. 4
(The term "expendi				_{3.)}	(a) Filing organization's totals	(b) Affilia group to	
1a Total lobbying expenditures to							
b Total lobbying expenditures to				· -·			
c Total lobbying expenditures (ad				To the second se			
d Other exempt purpose expend							
e Total exempt purpose expendi							
f Lobbying nontaxable amount	•		•				• •
columns.							
If the amount on line 1e, column (a) or (b) is:	The lobbying	ng nontaxable amount	is:			
Not over \$500,000		20% of the	amount on line 1e			:	
Over \$500,000 but not over \$1,00	0,000	\$100,000 p	lus 15% of the excess	s over \$500,000			
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 p	lus 10% of the excess	over \$1,000,000			
Over \$1,500,000 but not over \$17	,000,000	\$225,000 p	us 5% of the excess	over \$1,500,000			
Over \$17,000,000		\$1,000,000					
g Grassroots nontaxable amount							
h Subtract line 1g from line 1a li						ļ	
i Subtract line 1f from line 1c If						<u> </u>	
j If there is an amount other tha				-			<u> </u>
section 4911 tax for this year?					<u> </u>	. Yes	No
	tions that umns belo	t made a se ow. See the	instructions for li	on do not have to nes 2a through 2		ive	
	Lobi	bying Expe	nditures During 4-	Year Averaging Pe	eriod		
Calendar year (or fiscal year beginning in)	(a) 2	2007	(b) 2008	(c) 2009	(d) 2010	(e) Tota	al
2 a 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							

ing the year, did the filing organization attempt to influence foreign, national, state or local slation, including any attempt to influence public opinion on a legislative matter or irrendum, through the use of. unteers? distaff or management (include compensation in expenses reported on lines 1c through 1i)? dia advertisements? lings to members, legislators, or the public?	Yes	No		Amo	unt	
slation, including any attempt to influence public opinion on a legislative matter or irrendum, through the use of. unteers? d staff or management (include compensation in expenses reported on lines 1c through 1i)? dia advertisements? lings to members, legislators, or the public?						
d staff or management (include compensation in expenses reported on lines 1c through 1i)? dia advertisements? Illings to members, legislators, or the public?						
dia advertisements? lings to members, legislators, or the public?						
lings to members, legislators, or the public?						
* * * * * * * * * * * * * * * * * * * *						
dications or nublished of broadcast statements /						
olications, or published or broadcast statements? Into other organizations for lobbying purposes?						_
	ļ —				_	
	<u> </u>					
			•			•
the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
es," enter the amount of any tax incurred under section 4912						
es," enter the amount of any tax incurred by organization managers under section 4912						
e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	l			,		
	(c)(5)	, or s	ection			
					Yes	No
				1		X
					ļ.,.	Х
					X	l
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	line	3 is a		ed		
tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of p			1	6,	595	,564
**			2a			
			2b			
			2 c			
regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3	1,	463	, 556
·	obbyıı	ng				
		!			220	610
			5		330	, 042
	act contact with legislators, their staffs, government officials, or a legislative body? les, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ler activities? If "Yes," describe in Part IV al Add lines 1c through 1i the activities in line 1 cause the organization to be not described in section 501(c)(3)? les," enter the amount of any tax incurred under section 4912 lef, enter the amount of any tax incurred by organization managers under section 4912 lef filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). The substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of penses for which the section 527(f) tax was paid). rent year solutions were sent and the amount on line 2c exceeds the amount on line 3, what portion less does the organization agree to carryover to the reasonable estimate of nondeductible lepolitical expenditure next year?	the contact with legislators, their staffs, government officials, or a legislative body? Ites, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Iter activities? If "Yes," describe in Part IV Ith al Add lines 1c through 11 Ith eactivities in line 1 cause the organization to be not described in section 501(c)(3)? Ites," enter the amount of any tax incurred under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5) Ites substantially all (90% or more) dues received nondeductible by members? Ithe organization make only in-house lobbying expenditures of \$2,000 or less? Ithe organization agree to carryover lobbying and political expenditures from the prior year? Ites, assessments and similar amounts from members Item 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). Item 1920 Item 202 Item 202 Item 202 Item 202 Item 202 Item 203 tect contact with legislators, their staffs, government officials, or a legislative body? Ites, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Iter activities? If "Yes," describe in Part IV Ith add lines 1 c through 11 Ith activities in line 1 cause the organization to be not described in section 501(c)(3)? Ites, "enter the amount of any tax incurred under section 4912 Ites," enter the amount of any tax incurred by organization managers under section 4912 Ites, effling organization incurred a section 4912 tax, did it file Form 4720 for this year? Ite organization incurred a section 4912 tax, did it file Form 4720 for this year? Ite organization make only in-house lobbying expenditures of \$2,000 or less? Ithe organization agree to carryover lobbying and political expenditures from the prior year? Ite organization agree to carryover lobbying and political expenditures from the prior year? Ite organization agree to carryover lobbying and political expenditures from the prior year? Ite organization agree to carryover lobbying and political expenditures from the prior year? Ite organization agree to carryover members Ite organization and similar amounts from members Ite organization and similar amounts from members Ite organization and similar amounts from members Ite organization and similar amounts from members Item 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). Item 1920 the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the section 1920 tax was paid to the sect	cet contact with legislators, their staffs, government officials, or a legislative body? les, demonstrations, seminars, conventions, speeches, lectures, or any similar means? er activities? If "Yes," describe in Part IV al Add lines 1c through 11 the activities in line 1 cause the organization to be not described in section 501(c)(3)? fes, enter the amount of any tax incurred under section 4912 es, enter the amount of any tax incurred by organization managers under section 4912 ef filing organization incurred a section 4912 tax, did it file Form 4720 for this year? A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). The substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? The organization agree to carryover lobbying and political expenditures from the prior year? S Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answer "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). rent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues al series were sent and the amount on line 2c exceeds the amount on line 3, what portion of the esses does the organization agree to carryover to the reasonable estimate of nondeductible lobbying political expenditure next year? 4 belie amount of lobbying and political expenditures (see instructions) 5	cet contact with legislators, their staffs, government officials, or a legislative body? les, demonstrations, seminars, conventions, speeches, lectures, or any similar means? er activities? If "Yes," describe in Part IV al Add lines 1c through 11 the activities in line 1 cause the organization to be not described in section 501(c)(3)? les," enter the amount of any tax incurred under section 4912 er filing organization incurred a section 4912 tax, did it file Form 4720 for this year? A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). The substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). rent year rent year 2a	test contact with legislators, their staffs, government officials, or a legislative body? les, demonstrations, seminars, conventions, speeches, lectures, or any similar means? er activities? If "Yes," describe in Part IV al Add lines 1c through 1i the activities in line 1 cause the organization to be not described in section 501(c)(3)? les," enter the amount of any tax incurred under section 4912 les," enter the amount of any tax incurred by organization managers under section 4912 les, enter the amount of any tax incurred by organization managers under section 4912 les, enter the amount of any tax incurred by organization managers under section 4912 les, enter the amount of any tax incurred by organization managers under section 4912 les, enter the amount of any tax incurred by organization managers under section 4912 les, enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). The substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? 1 the organization agree to carryover lobbying and political expenditures from the prior year? 3 X Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." s, assessments and similar amounts from members ton 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). lend year 1	

Supplemental Information (continued)

Page 4

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

INDEPENDENT INSURANCE AGENTS &

OMB No 1545-0047

Open to Public Inspection

Employer identification number

BRO	OKERS OF AMERICA		13-5665571
Pai	Organizations Maintaining Donor Advised Funds or Other Similar organization answered "Yes" to Form 990, Part IV, line 6.	ar Funds or A	ccounts. Complete if the
	(a) Donor advised fund	ds	(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 assi	ets held in dono	or advised
	funds are the organization's property, subject to the organization's exclusive legal		
6	Did the organization inform all grantees, donors, and donor advisors in writing the		
	used only for charitable purposes and not for the benefit of the donor or donor a	advisor, or for a	ny other
Pai	purpose conferring impermissible private benefit?	d "Yes" to Form	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that ap	ply)	
	Preservation of land for public use (e.g., recreation or education)	reservation of a	an historically important land area
	Protection of natural habitat	reservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation or	ontribution in th	ne form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements	i	Ra Landa
b	Total acreage restricted by conservation easements		26
С	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		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished	ed, or terminate	ed by the organization during the
	tax year >		
4	Number of states where property subject to conservation easement is located Para the assessment		
5	Does the organization have a written policy regarding the periodic monitoring, in violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons		
U	Stati and volunteer flours devoted to monitoring, inspecting, and emorcing cons	scivation casen	nems during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserval	tion easements	during the year
•	►\$, coming the year
8	Does each conservation easement reported on line 2(d) above satisfy the require	rements of sect	on 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easements in its	s revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization		
	organization's accounting for conservation easements		
Pa	organizations Maintaining Collections of Art, Historical Treasur		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 8	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to r	report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exl public service, provide, in Part XIV, the text of the footnote to its financial statem	nibition, educa ents that descr	ition, or research in furtherance of ibes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		
	works of art, historical treasures, or other similar assets held for public ext	hibition, educa	tion, 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 ot		sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating t		
a	Revenues included in Form 990, Part VIII, line 1		
_b	Assets included in Form 990, Part X		Schedule D (Form 990) 2010

3. Using the organizations accussion, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply) 3. Using the organization's accussion, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply) 3. Using the organization's collection and explain how they further the organization's exempt purpose in Parl XIV 4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIV 5. During the year, did the organization solicit or receive dividing of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization solicition? Yes No Parl XIV 5. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Parl XIV. line 9, or reported an amount on Form 990, Parl X, line 21. 1a. Is the organization an agent, fundsee, custodian or other intermediary for contributions or other assets not included on Form 990, Parl XIV. and complete the following table: 6. Beginning balance	Sched	tule D (Form 990) 2010						3-566				Page 2
3 Using the organization's accusition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply) a Public exhibition b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV XIV S 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 collection?	Par	t III Organizations Maintaini	ng Colle	ections	of Art, Histo	orical	Treasures	, or O	ther Similar A	ssets (d	continued)	
Public exhibition Charles Char		Using the organization's acquisition	n, acces									of its
Scholarly research Preservation for future generations Preservation for future generations Preservation for future generations Preservation for future generations Preservation for future generations 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? Part IV Ecrow and Custodial Arrangements. Complete of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it is organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! and complete the following table C Beginning balance C Beginning balance C Beginning balance C Beginning balance C Bushributions during the year C Both the organization include an amount on Form 990, Part X, line 21? C Bushributions during the year C Both the organization include an amount on Form 990, Part X, line 21? D but the organization include an amount on Form 990, Part X, line 21? D but the organization include an amount on Form 990, Part X, line 21? D but the organization include an amount on Form 990, Part X, line 21? D but the organization include an amount on Form 990, Part X, line 21? D but the organization include an amount on Form 990, Part X, line 10. D but the organization include an amount on Form 990, Part X, line 10. D contributions C Net investment Eurolus, Complete if organization answered "Yes" to Form 990, Part IV, line 10. D contributions C Net investment earnings, gains, and organization in the possession of the organization that are held and administered for the organization by general part organizations G Grants or scholarships D but the organizations G Grants or scholarships D but the estimated percentage of the year end balance held as and organization by general part XIV the intended uses of the organization sendowment funds G Grants or schola		collection items (check all that app	ly)		_							
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 rase funds rather than to be maintained as part of the organization's collection? Yes No No No No No No No No No No No No No	а	Public exhibition			d [Loan or exc	hange	programs			
Provide a description of future generations collections and explain how they further the organization's exempt purpose in Part XIV XIV Suring 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?	b	Scholarly research			е		Other					
No 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?	С	Preservation for future ge	enerations		_	_						
So 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?	4	Provide a description of the organ	nization's	collectio	ns and exp	laın ho	w they furt	her the	e organization's	exemp	t purpose in	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIV										
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 90 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?	5	During the year, did the organization	n solicit (or receive	e donations	of art,	historical tre	easures	, or other simila	ar		
Ine 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 XV. Image: "Yes," explain the arrangement in Part XIV and complete the following table C Beginning balance		assets to be sold to raise funds rath	ner than t	o be mai	ntained as p	art of t	he organiza	tion's c	collection?	[Yes	No
ncluded on Form 990, Part X?	Par							answe	ered "Yes" to f	orm 99	0, Part IV,	
ncluded on Form 990, Part X?	1 a	Is the organization an agent, truste	e, custod	ian or oth	her intermed	lary fo	r contributio	ons or o	other assets not			
C Beginning balance		_								_	Yes	No
C Beginning balance	b									_		_
d Additions during the year Distributions Contributions Contribution							ſ		Ar	mount		
d Additions during the year Distributions Contributions Contribution	С	Beginning balance					[1c				
e Distributions during the year		= =					-					
Ending balance	е							-				
Did the organization include an amount on Form 990, Part X, line 21?	f						-					
b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, Inne 10. (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back	2a	=					_				Yes	No
Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back										_		_
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back					ation answ	ered '	Yes" to Fo	rm 990	0, Part IV, line	10.		
b Contributions									The state of the s		(e) Four years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
and losses	b	Contributions										
and losses	С	Net investment earnings, gains,										
e Other expenditures for facilities and programs		and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities .		•								
g End of year balance		and programs									•	
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	f	_			-							
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		*										
a Board designated or quasi-endowment	2		<u> </u>	ar end ba	lance held a	 S	l				<u> </u>	
b Permanent endowment c Term endowment dependent depreciation dependent dependen	а	•	-		%							
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			_									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) basis (other) (investment) (b) Cost or other basis (other) (other) 1, 627, 600 b Buildings 5, 879, 396 c Leasehold improvements 1, 482, 259 c Leasehold improvements 761, 517 713, 184 d Equipment 761, 517 713, 184 e Other 2, 460, 830 2, 065, 792 395, 038 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 3, 553, 230	С		~ ~ ~~									
organization by (i) unrelated organizations	3a		the poss	ession of	f the organiz	ation t	hat are held	l and a	dministered for	the		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,627,600 1,627,600 1,627,600 1,482,259 b Buildings 5,879,396 4,397,137 1,482,259 c Leasehold improvements 761,517 713,184 48,333 e Other 2,460,830 2,065,792 395,038 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 3,553,230			·		Ů						Yes	No
(ii) related organizations		-									3a(i)	
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 1,627,600 1,627,600 1,627,600 1,627,600 1,482,259		(ii) related organizations									3a(ii)	
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 1,627,600 1,627,600 1,627,600 1,627,600 1,482,259	b	If "Yes" to 3a(ii), are the related org	ganization	s listed a	as required o	n Sche	dule R?				3 b	
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land											-	
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equ	uipment.	See Fo	orm 990, Pa	art X,	line 10.					
b Buildings 5,879,396 4,397,137 1,482,259 c Leasehold improvements 761,517 713,184 48,333 e Other 2,460,830 2,065,792 395,038 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 3,553,230				(a) Cost	t or other basis		ost or other bas	sis (d		(0	d) Book value	
b Buildings 5,879,396 4,397,137 1,482,259 c Leasehold improvements 761,517 713,184 48,333 e Other 2,460,830 2,065,792 395,038 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 3,553,230	1a	Land				1	1,627,60	0			1,627,6	500.
c Leasehold improvements									4,397,137.			
d Equipment 761,517 713,184 48,333 e Other 2,460,830 2,065,792 395,038 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 3,553,230	C					1	-					
e Other	d					1	761,51	7	713,184.		48,3	333.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 3,553,230.						1						
				egual Fo	orm 990. Par							
Schedule D (Form 990) 2010			1,7						· · · · · · · · · · · · · · · · · · ·	Sched		

Part VII Investments - Other Securities	es. See Form 990, Part X, line	12.	
' (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives			
(2) Closely-held equity interests		ATTACHMENT 1	L
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 12) > 11,881,322.		
Part VIII Investments - Program Relat	ed. See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)			·····
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	e 13) •		
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part IX Other Assets. See Form 990			
Tart IX Other Assets. Occ 1 orin 550	(a) Description		(b) Book value
(1) DUE FROM AFFILIATES	(a) Doddingston		8,178,632
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin		<u></u>	8,178,632
Part X Other Liabilities. See Form 9		The state of the s	
1. (a) Description of liability	(b) Amount	 	,
(1) Federal income taxes	8,029,98	02	
(2) DUE TO AFFILIATES	8,029,90	62.	, , ,
(3)		 	
(4)		 	1 1 2 2 2
(5)			``
(6)		 	16 5 T
(7)			*4 - '∉ ⊀
(8)			,
(9)		 	ļ
(10)		·	
Total. (Column (b) must equal Form 990, Part X, col	(B) line 25) ▶ 8,029,98	82.	
	· / / · · · · /		

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)

Schedule D (Form 990) 2010

13-5665571

	le D (Form 990) 2010			rage 4
Part			S	10 461 647
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1_	 	10,461,647
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	ļ	9,656,302
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-	805,345
4	Net unrealized gains (losses) on investments	4	-	153,798
5	Donated services and use of facilities	5	1	
6	Investment expenses	6	ļ	
7	Prior period adjustments	7	ļ	
8	Other (Describe in Part XIV)	8		-405,976
9	Total adjustments (net) Add lines 4 through 8	9		-252,178
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			553,167
Part		$\overline{}$		
1	Total revenue, gains, and other support per audited financial statements	L	1	28,894,734
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		j	
а	Net unrealized gains on investments	8.	1	
b	Donated services and use of facilities	_	ł	
С	Recoveries of prior year grants 2c 2c		l	
d	Other (Describe in Part XIV)	19.	i	
e	Add lines 2a through 2d	L	2e	18,186,947
3	Subtract line 2e from line 1		3	10,707,787
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- 1	ļ	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV) 4b -246,14	0.	- 1	
С	Add lines 4a and 4b	L	4c	-246,140
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	10,461,647
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
1	Total expenses and losses per audited financial statements	L	1	28,227,029
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
а	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b			
С	Other losses 2c		- 1	
d	Other (Describe in Part XIV) 2d 18,670,72	27.		
е	Add lines 2a through 2d	L	2e	18,670,727
3	Subtract line 2e from line 1	· • _	3	9,556,302
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 100,00	00.	į	
C	Add lines 4a and 4b	L	4 c	100,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	9,656,302
Part	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp iditional information			
SEE	PAGE 5			
- -				

Page 5

FIN 48 FOOTNOTE

PART X, LINE 2

IIABA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. IIABA RECOGNIZES INTEREST EXPENSE RELATED TO UNRECOGNIZED TAX BENEFITS AND PENALTIES IN GENERAL AND ADMINISTRATIVE EXPENSES ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS. THERE IS NO PROVISION IN THESE CONSOLIDATED FINANCIAL STATEMENTS FOR PENALTIES AND INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED AUGUST 31, 2011 AND 2010. FOR TAX YEARS PRIOR TO 2007, IIABA IS NO LONGER SUBJECT TO EXAMINATION BY THE IRS AND THE STATE TAX JURISDICTIONS.

REVENUE INCLUDED ON BOOKS AND NOT THE FORM 990

PART XII, LINE 2D

AFFILIATES' REVENUE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR

WHICH SEPARATE RETURNS WERE FILED 17,189,937

PAC CONTRIBUTIONS

843,212

TOTAL

18,033,149

Supplemental Information (continued)

REVENUE INCLUDED ON FORM 990 AND NOT ON THE BOOKS

PART XII, LINE 4B

RENTAL EXPENSE NETTED AGAINST REVENUE ON FORM 990 (\$246,140)

EXPENSE INCLUDED ON BOOKS AND NOT ON FORM 990

PART XIII, LINE 2D

AFFILIATES' EXPENSES INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR

WHICH SEPARATE RETURNS ARE FILED

17,374,983

RENTAL EXPENSE NETTED AGAINST REVENUE

ON FORM 990

246,140

PAC CONTRIBUTIONS AND FEES

1,049,604

TOTAL

18,670,727

EXPENSE INCLUDED ON FORM 990 AND NOT ON BOOKS

PART XIII, LINE 4B

CONTRIBUTIONS TO AFFILIATE ELIMINATED ON CONSOLIDATED FINANCIAL

STATEMENTS

\$100,000

OTHER CHANGES IN NET ASSETS

PART XI, LINE 8

AFFILIATES' NET INCOME INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR

WHICH SEPARATE RETURNS ARE FILED

Part XIV Supplemental Information (continued)		
	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INT	'ERESTS_	
		COST
DESCRIPTION	BOOK VALUE	OR FMV
INVESTMENT IN INSURBANC	3,582,980.	COST
INVESTMENT IN TRUSTED CHOICE	1,624,653.	COST
INVESTMENT IN BIG "I"		
ADVANTAGE, INC.	4,683,689.	COST
,		
INVESTMENT IN BIRC	1,990,000.	COST
TOTALS	11,881,322.	

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047 201

Open to Public Inspection

Employer identification number 13-5665571 å

	Governments, and Individuals in the United St
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line
Internal Revenue Service	► Attach to Form 990.
Name of the organization	INDEPENDENT INSURANCE AGENTS &
BROKERS OF AMERICA	RICA

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?

General Information on Grants and Assistance

Part I

OPERATIONAL SUPPORT OPERATIONAL SUPPORT (h) Purpose of grant or assistance 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 × . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) N/A N/A (d) Amount of cash grant (e) Amount of non-cash assistance 100,000. 20,000 (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 501 (C) (6) 13-3315296 501(C)(3) Il can be duplicated if additional space is needed 54-2052195 (p) EIN 127 SOUTH PEYTON ST, ALEXANDRIA, VA 22314 127 SOUTH PEYTON ST, ALEXANDRIA, VA 22314 (a) Name and address of organization or government (1) TRUSTED CHOICE (2) PROJECT INVEST Part II 6 (11) (5) (8) (12)3 9 (10) (5)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

6:09:07 AM 0E12882808367H M151 6/29/2012

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Schedule I (Form 990) (2010)

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

	t al t III call de duplicateu II additiol lai space la lleedeu.	ים וא ווממחמח.				
	(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
1 GRASSE	1 GRASSROOTS CONFERENCE SCHOLARSHIPS	31.	17,925.		N/A	N/A
2 MEETIN	2 MEETING SCHOLARSHIPS FOR FIRST-TIME ATTENDEES	23.	17,500.		N/A	N/A
ო						
4						
က						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to		ide the informat	tion required in	Part I, line 2, and any	provide the information required in Part I, line 2, and any other additional information

PROCESS FOR MONITORING THE USE OF GRANT FUNDS

LINE 1B

IIABA REQUIRES ALL RECIPIENTS TO SUBMIT COPIES OF EXPENSES INCURRED.

SCHEDULE J (Form 990)

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

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

INDEPENDENT INSURANCE AGENTS &

BROKERS OF AMERICA

Employer identification number 13-5665571

Fan	Questions Regarding Compensation			
	Oliver to the fellowing to a second of the fellowing to a fee a second lated in Form		Yes	No
та	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			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X 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	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
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			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
-	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			į
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
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			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2010

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 W-2 and/or		1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in pnor Form 990 or Form 990-EZ
	Ξ		52,15	183,15	24,814.	14,567.		43,333.
1 ROBERT A. RUSBULDT	: €	0	! ! !	1	. 0	0	 	[] -
	€	328,03	3,	20,100.	24,814.	0.	407,507.	0
2 DEBRA L. PERKINS	€	0	 	 	0	0		.0
	Ξ	163,006.	43,93	4,896.	19,792.	14,567.	246,192.	.0
3 EUGENE S. COCKE	€	0] [0	0		0.
	ε		72,893.	0	21,753.	14,567.	344,319.	.0
4 PAUL A. BUSE	€	0	 	0	0	0		.0
	€		43	4,813.	22,801.	14,567.	400,267.	0
s CHARLES E. SYMINGTON,	(E)	0	 	1	0.	0.	0	0.
	€	190,298.	54,596.	2,717.	20,638.	0	268,249.	0
6 DAVID G. EVANS	Ξ	0	 		0	0.		.0
	Ξ	114,738.	36,946.	635.	12,979.	5,566.	170,864.	.0
7 ELIZABETH D. MONTGOMERY(II)	€	0.		1	0.	0		0.
	Ξ	145,21		0	14,497.	14,567.	174,278.	0
8 JASON P. PALS	€	i		0	.0	0.	00	0.
	ε	245,643.	7,50	0	24,814.	14,567.	292,524.	0
9 JOHN M. PRIBLE	(E)	0.	0	0.	0.	0.	0	0.
	Ξ	147,703.	0	0	4,154.	5,138.	156,995.	0
10 LAUREN E. CIALONE	E	i		0.	0.	0.) 	0.
	Ξ	138,422.	1,000.	0	6,433.	10,014.	155,869.	0
11 SCOTT D. KNEELAND	(II)	0		0	0.	0.		.0
	(e)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
12	<u> </u>							
	Ξ	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13	⊞							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14								
	ε		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 - - - - - - - -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15	€							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
16	₫							
							Sch	Schedule J (Form 990) 2010

V 10-8.3

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JSA

Part III Supplemental Information

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

SCHEDULE

SCHEDULE J, PART I, LINE 1A

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

ALTHOUGH THEY ONLY OCCASIONALLY DO.

TRAVEL FOR COMPANIONS BENEFIT IS RECEIVED BY ROBERT RUSBULDT, DEBRA PERKINS, AND ALL EXECUTIVE COMMITTEE MEMBERS (PER COMPANY POLICY), INCLUDING MICHAEL MILEY, MICHAEL DONOHOE, ROBERT BRAMLETT, THOMAS DAVID DANIEL. RANDY LANOIX AND J. DAVID WALKER, MINKLER, PAYMENTS ARE ALLOWED FOR THOSE RECEIVING TRAVEL FOR COMPANIONS ROBERT RUSBULDT (CEO) RECEIVES GROSS UP PAYMENTS ON ALL GROSS UP BENEFITS. BENEFITS

TOWN WORKING IN THE IIABA OFFICE. HE IS REIMBURSED 2/3 OF EXPENSES PAID. DAVID EVANS RECEIVES A HOUSING ALLOWANCE TO RESIDE AT A HOTEL WHILE IN

Page 3

Schedule J (Form 990) 2010

Part III Supplemental Information

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

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

RUSBULDT, AND CHARLES SYMINGTON.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

IIABA HAS A DEFERRED COMPENSATION PLAN FOR ITS CHIEF EXECUTIVE OFFICER

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

PAYMENTS RECEIVED DURING TAX YEAR: \$130,000

WRITTEN POLICY REGARDING PAYMENT OF BENEFITS

PART I, LINE 1B

IIABA HAS AN EXPENSE REPORT POLICY WHICH SPECIFICALLY ADDRESSES SPOUSAL

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

ARE ADDRESSED ON A CASE-BY-CASE BASIS.

0E1505 1 000

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

	organization INDEPENDENT IN S OF AMERICA	SURANCE	Α :	GEN'	rs &			yer ider L 3 – 5				r	
Part I	Excess Benefit Transactions (see Complete if the organization answer							0-EZ.	Part	: V, lı	ne 40	b	
1	(a) Name of disqualified person					b) Description o	-					(c)) Correct
(1)					<u> </u>				•				
(2)													+
(3)				+									+
(5)													十
(6)													十
und 3 Ent	er the amount of tax imposed on the ler section 4958	, above, re	 eımt							\$_ \$_			
Part II	Loans to and/or From Interests Complete if the organization answer			Form	990, Part IV, line 2	26, or Form 99	0-EZ, Pa	art V, I	line 3	38a			
(a) Name of interested person and purpose	1 ') Loan to		(c) Original principal amount	(d) Balance o	due (e)	In defa	- [7	by bo	proved ard or hittee?	(g) W agree	
		Т	б	From			Y	es N	0	Yes	No	Yes	No
(1)			_						\dashv			 	⊢
(2)			_		=1.				+				⊢
(3)			\dashv						\dashv				\vdash
(5)			7			1							
(6)													
(7)													
(8)									\perp			<u></u>	<u></u>
(9)									_			<u> </u>	<u> </u>
(10)						1			_			 	<u> </u>
Part III	Grants or Assistance Benefitir Complete if the organization answer	ng Interes	sted	Per	sons.		1						
	(a) Name of interested person	(b) Re	elatio	nship	between interested perso organization	on and the	(c) Am	ount a	ind ty	уре о	f assis	tance	
(1)													
(2)			-										
(3)						-							
(4)		 										_	—
(5) (6)													
(7)	·												
(8)		-											
(9)									_				
(10)	·												

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

Schedule L (Form 990 or 990-EZ) 2010

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
				Yes	No
(1) JACK ST. JOHN	FAMILY MEMBER OF CEO	141,301.	EMPLOYMENT		х
(2) JEFFREY ST. JOHN	FAMILY MEMBER OF CEO	11,344.	EMPLOYMENT		х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Name of the organization

INDEPENDENT INSURANCE AGENTS &

BROKERS OF AMERICA

Employer identification number 13-5665571

CLASSES AND RIGHTS OF MEMBERS

PART VI, LINES 6 & 7A

THE MEMBERSHIP CATEGORIES OF IIABA INCLUDE:

- 1) INSURANCE AGENCIES AND BROKERAGE FIRMS DOING BUSINESS AS INDIVIDIUALS,
 PARTNERSHIPS, CORPORATIONS, OR OTHER FORMS OF BUSINESS ORGANIZATION
 ("AGENCY MEMBERS");
- 2) STATE ASSOCIATIONS OF WHICH THEY ARE MEMBERS AND RECOGNIZED BY THE BOARD IN ACCORDANCE WITH BOARD RULES ("STATE ASSOCIATIONS");
- 3) INSURANCE AGENCIES AND BROKERAGE FIRMS DOING BUSINESS AS INDIVIDUALS,
 PARNERSHIPS, CORPORATIONS, OR OTHER FORMS OF BUSINESS ORGANIZATION NOT
 ELIGIBLE FOR MEMBERSHIP IN IIABA THROUGH A STATE ASSOCIATION OR THE
 DISTRICT OF COLUMBIA ("INTERNATIONAL MEMBERS"), WITH SUCH RIGHTS, DUTIES,
 AND BENEFITS AS ARE DETERMINED BY THE BOARD; AND
- 4) SUCH OTHER MEMBERSHIP CATEGORIES AS ARE APPROVED BY THE BOARD ("OTHER MEMBERS"), WITH SUCH RIGHTS, DUTIES AND BENEFITS AS ARE DETERMINED BY THE BOARD.

AMENDMENTS OR REPEALS OF THE BYLAWS MUST BE APPROVED BY A TWO-THIRDS VOTE

OF THE MEMBERS PRESENT AND VOTING AT A MEMBERSHIP MEETING OF THE

ASSOCIATION, OR IN ANY OTHER MANNER APPROVED BY THE EXECUTIVE COMMITTEE.

Employer identification number 13-5665571

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

PROCESS FOR DETERMINING COMPENSATION OF THE CEO

PART VI, LINE 15A

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

WHETHER AND HOW THE ORGANIZATION MAKES CERTAIN DOCUMENTS AVAILABLE

PART VI, LINE 19

IIABA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE MEMBERSHIP ON THE LEADERSHIP PAGE OF ITS WEBSITE. THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

BOARD REVIEW OF THE 990

PART VI, LINE 11B

THE FORM 990 IS REVIEWED LINE BY LINE BY THE DIRECTOR OF FINANCE AND CHIEF FINANCIAL OFFICER OF IIABA.

WHETHER AND HOW THE CONFLICT OF INTEREST POLICY IS MONITORED

PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS COMPLETED AND SIGNED ANNUALLY BY ALL OFFICERS AND EMPLOYEES DURING THE MONTH OF AUGUST. COPIES ARE KEPT ON FILE WITH THE LEGAL DEPARTMENT.

AVERAGE HOURS PER WEEK

BROKERS OF AMERICA

Employer identification number 13-5665571

PART VII

DEBRA PERKINS SPENT AN AVERAGE OF 70 HOURS ON IIABA PER WEEK, OF WHICH, AN AVERAGE OF 45.50 HOURS WAS SPENT ON RELATED ENTITIES PER WEEK. ROBERT RUSBULDT SPENT AN AVERAGE OF 70 HOURS ON IIABA PER WEEK, OF WHICH, AN AVERAGE OF 35 HOURS WAS SPENT ON RELATED ENTITIES PER WEEK. EUGENE COCKE SPENT AN AVERAGE OF 50 HOURS ON IIABA PER WEEK, OF WHICH, AN AVERAGE OF 20 HOURS WAS SPENT ON RELATED ENTITIES PER WEEK. DAVID EVANS SPENT AN AVERAGE OF 12.50 HOURS ON IIABA PER WEEK AND AN AVERAGE OF 37.50 HOURS ON RELATED ENTITIES PER WEEK.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

UNREALIZED GAIN: \$153,798

SUBSIDIARY INCOME: (85,046)

NET CHANGE:

68,752

PRESENTATION OF ROYALTY REVENUE

PART VIII

ROYALTIES ARE PRESENTED IN PART VIII, OTHER REVENUE, LINE 5. ON THE 2009 FORM 990, ROYALTIES WERE PRESENTED AS EXCLUDABLE PROGRAM SERVICE REVENUE,

IN PART VIII, LINE 2E.

ATTACHMENT 1

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

DESCRIPTION

GRANTS

EXPENSES

REVENUE

CO-BRANDED WEBSITE IS A JOINT PROJECT OF

IIABA AND 37 STATE ASSOCIATIONS DESIGNED

Page 2

Name of the organization INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA

Employer identification number 13-5665571

ATTACHMENT 1 (CONT'D)

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

DESCRIPTION

GRANTS

EXPENSES

REVENUE

TO CREATE A UNIFIED WEB PRESENCE FOR

IIABA AND ITS MEMBERS

AGENTS ADVOCACY FUND

THE TRUSTED CHOICE BIG "I" NATIONAL

CHAMPIONSHIP

TOTALS

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

STAT	(A) NAME AND VE BAIN TE DIRECTOR N DEARDORFF TE DIRECTOR			(B) HOURS	(1)(2)(3)(4)(5)(6)	(D)ORG.	(E) REL.	ORG.	(F)OTHER
STAT	TE DIRECTOR N DEARDORFF	FOR						02101	(I)OIMBR
	N DEARDORFF	FOR							
			ND	1.00	X		0.	0.	0.
30 JOH	TE DIRECTOR								
STA	ID DIMBOION	FOR	NE	1.00	X		0.	0.	0.
31 DEAR	N MERRILL								
STA	TE DIRECTOR	FOR	NH	1.00	X		0.	0.	0.
32 L. S	SCOTT STANFO	RD							
STA	TE DIRECTOR	FOR	NJ	1.00	X		0.	0.	0.
	CONLEE								
_	TE DIRECTOR	FOR	NM	1.00	X		0.	0.	0.
	E MENATH						_	_	_
	TE DIRECTOR	FOR	NV	1.00	X		0.	0.	0.
	VEN SPIRO						_	_	
	TE DIRECTOR	FOR	NY	1.00	Х		0.	0.	0.
	Y ROACH				••		•	•	0
	TE DIRECTOR	FOR	ОН	1.00	X		0.	0.	0.
	GHN GRAHAM						•		
	TE DIRECTOR	FOR	OK	1.00	X		0.	0.	0.
	AN WILBUR		٥.5	1 00	17		0	0	0
	TE DIRECTOR	FOR	OR	1.00	X		0.	0.	0.
	TT ROGERS	EOD	D.B.	1 00	V		0	0	0
	TE DIRECTOR	FOR	PA	1.00	Х		0.	0.	0.
	ON MITCHELL	EOD	DT	1 00	X		0.	0.	0.
	TE DIRECTOR	FOR	KI	1.00	Λ		0.	0.	0.
	JENSEN	EOD	CC	1.00	X		0.	0.	0.
	TE DIRECTOR	FOR	SC	1.00	Λ		0.	0.	0.
	Y JOYCE	EOD	CD.	1.00	Х		0.	0.	0.
	TE DIRECTOR D SMITH	ruk	SU	1.00	Λ		· .	0.	0.
43 BKAI	n Shiiu	_		· · · · · · · · · · · · · · · · · · ·			Cahadula) (Enem 00)) or 990-FZ) 2010

Schedule O (Form 990 or 990-EZ) 2010

	e of the organization INDEPENDENT OKERS OF AMERICA	INSURANCE AGEN	ITS (<u>&</u>	E	mployer identification n	umber
					-	ATTACHMENT 2	(CONT'D)
	STATE DIRECTOR FOR TN	1.00	X		0	. 0.	0.
44	BILL HARRISON, JR.				•		•
_	STATE DIRECTOR FOR TX	1.00	X		0	. 0.	0.
45	J. CURTIS BREITWEISER				_		•
	STATE DIRECTOR FOR UT	1.00	Х		0	. 0.	0.
46	JAMES BRADNER						_
	STATE DIRECTOR FOR VA	1.00	Х		0	. 0.	0.
47	KIM KINNEY						
	STATE DIRECTOR FOR VT	1.00	X		0	. 0.	0.
48	SUSAN KNOBELOCH						
	STATE DIRECTOR FOR WA	1.00	Х		0	. 0.	0.
49	RAYMOND C. HANSEN						
	STATE DIRECTOR FOR WI	1.00	X		0	. 0.	0.
50	TIMOTHY DYER						
	STATE DIRECTOR FOR WV	1.00	X		0	. 0.	0.
51	GREGG JACKSON						
	STATE DIRECTOR FOR WY	1.00	Х		0	. 0.	0.
52	J. DAVID DANIEL						
	IMMEDIATE PAST CHAIRMAN	10.00	Х		40,645	. 0.	0.
53	J. MICHAEL MILEY				,		
•	CHAIRMAN	10.00	Х		30,033	. 0.	0.
54	MICHAEL R. DONOHOE	20100					
J 1	CHAIRMAN ELECT	5.00	Х		19,218	. 0.	0.
55	ROBERT BRAMLETT	3.00	••		13,210		
55	VICE CHAIRMAN	5.00	Х		10,206	. 0.	0.
56	THOMAS MINKLER	5.00	11		10,200		•
50	EXECUTIVE COMMITTEE	5.00	Х		6,700	. 0.	0.
E 7	DAVID WALKER	3.00	Λ		0,700		0.
37		5.00	Х		7,398	. 0.	0.
E 0	EXECUTIVE COMMITTEE	5.00	Λ		7,390		0.
28	C. BRETT NILSSON	E 00	v		5 025	0	0
- 0	EXECUTIVE COMMITTEE	5.00	Х		5,025	. 0.	0.
59	RANDY LANOIX	5 00	v		1 675	0	0
	EXECUTIVE COMMITTEE	5.00	X		1,675	. 0.	0.
60	ROBERT A. RUSBULDT	50.00			1 241 000	^	20 201
	CEO	70.00		X	1,341,808	. 0.	39,381.
61	DEBRA L. PERKINS	=			222 622	•	04 014
	EXECUTIVE VP	70.00		X	382,693	. 0.	24,814.
62	EUGENE S. COCKE					<u>.</u>	0. 0
	CFO	50.00		X	211,833	. 0.	34,359.
63	PAUL A. BUSE						
	SENIOR VP	50.00		X	307,999	. 0.	36,320.

Page	2

29,064.

39,381.

9,292.

16,447.

Schedule C) (Earm	000 00	000 671	2010
Schedule (J trorm	990 or	99U-EZ:	2010

68 JOHN M. PRIBLE

69 LAUREN E. CIALONE

70 SCOTT D. KNEELAND

SENIOR COUNSEL

SENIOR SYSTEMS ARCHITECT

VP, FEDERAL GOV'T AFFAIRS

SR DIRECTOR, FED GOV'T AFFAIRS

achedole o (i dilli aad di aad	22/2010					, ago =
Name of the organization	INDEPENDENT INS	SURANCE AGENTS	Ç.	' '	er identification n	umber
BROKERS OF AMER	ICA			1:	3-5665571	
				ATT	ACHMENT 2	(CONT'D)
64 CHARLES E. S	YMINGTON, JR.					
SENIOR VP		50.00	X	362,899.	0.	37,368.
65 DAVID G. EVA	NS					
SENIOR VP		50.00	X	247,611.	0.	20,638.
66 ELIZABETH D.	MONTGOMERY					
VP OF COMPAN	Y RELATIONS	50.00	X	152,319.	0.	18,545.
67 JASON P. PAL	S					

Χ

Х

ATTACHMENT 3

0.

0.

0.

145,214.

253,143.

147,703.

139,422.

990	PART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PATD	TND.	CONTRACTORS

50.00

50.00

50.00

50.00

NAME AND ADDRESS		DESCRIPTION OF SERVICES	COMPENSATION
CAREFIRST - BLUE CROSS/BLUE SH P.O. BOX 79749 BALTIMORE, MD 21279-0749	HIELD	HEALTH INSURANCE	810,731.
NADA SERVICES CORPORATION 8400 WESTPARK DRIVE MCLEAN, VA 22102		BUILDING RENTAL	284,517.
MARRIOTT WARDMAN PARK 2660 WOODLEY ROAD, NW WASHINGTON, DC 20008		CONFERENCE & MEETING	260,059.
PAUL DE JONG, INC. 3811 ACOSTA ROAD FAIRFAX, VA 22031		IT SERVICES	234,428.
MINDSHIFT TECHNOLOGIES, INC. 3975 FAIR RIDGE DRIVE, SUITE 2 FAIRFAX, VA 22033	225 SOUTH	NETWORK MGMT SERVICE	219,023.
TC	OTAL COMPENSATION		1,808,758.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2010

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

INDEPENDENT INSURANCE AGENTS &

BROKERS OF AMERICA

<u>[</u>

(2)

<u>ල</u>

(4)

(5)

9

Name of the organization Department of the Treasury Internal Revenue Service

▼ See separate instructions.

Open to Public Inspection Employer identification number

13-5665571

(f)
Direct controlling
entity

(e) End-of-year assets (d) Total income **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) (c)
Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of disregarded entity Part I

Part II	Identification of Relater one or more related tax-	Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.)	ganization answ	ered "Yes" on F	orm 990, Part IV	, line 34 because	ıt had	
	(a) Name, address, and EIN of related organization	related organization	(b) Primary activity	(c) (d) Legal domicile (state exempt Code section or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
								Yes	No
(1) TRUSTE	1) TRUSTED CHOICE, INC.	54-2052195							
127 50	127 SOUTH PEYTON STREET	ALEXANDRIA, VA 22314	BRAND DVLPMNT DE		501(C)(6) N/A	N/A	IIABA		×
(2) PROJE	(2) PROJECT INVEST	13-3315296							
127 5(- 127 SOUTH PEYTON STREET	- ALEXANDRIA, VA 22314	EDUCATION	NY	501(C)(3)	7	IIABA		×
(3) IIAA I	(3) IIAA EDUCATIONAL FOUNDATION	51-0152307							
127 SC	127 SOUTH PEYTON STREET	ALEXANDRIA, VA 22314	CHARITY	NY	501(C)(3) 11B, II	11B, II	IIABA		×

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

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Schedule R (Form 990) 2010

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N/A

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LOBBYING

AM 23-7427151 ALEXANDRIA, VA 22314

INDEPENDENT INS. AGENTS & BROKERS OF AM

127 SOUTH PEYTON STREET

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Page 2

Schedule R (Form 990) 2010

Percentage ownership . ≆ (J) General or Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) managing partner Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Diaproportorate Yes No (g) Share of end-of-year assets 13-5665571 (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN related organization Part IV Part III (1) <u>{2</u>} (7) (5) (5) <u>(6)</u> 4

Percentage ownership 100.000 ε (g) Share of end-of-year assets 6,783,842. (f) Share of total income 13,279,641 (e)
Type of entity
(C corp, S corp,
or trust) (d) Direct controlling BIG "I" ADVNTG BIG "I" ADVNTG N/A foreign country) (c) Legal domicile (state or 日 5 8 INSURANCE AGENTS INSURANCE AGENTS Primary activity PUBLISHING 20-0706318 (3) IIAA AGENCY ADMINISTRATIVE SERVICES, INC 54-1719430 13-3211869 (a)Name, address, and EIN of related organization 127 SOUTH PEYTON STREET ALEXANDRIA, VA 22314 127 SOUTH PEYTON STREET ALEXANDRIA, VA 22314 127 SOUTH PEYTON STREET ALEXANDRIA, VA 2231 (2) IIAA MEMBERSHIP SERVICES, INC. (1) BIG "I" ADVANTAGE, INC. 727 4 (5) 9

Schedule R (Form 990) 2010

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35a, or 36.)
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Part
990, Part IV, line 34, 35, 35a
"Yes" to Form 99
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lete if the organization answered "Yes'
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			12 200
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			ρ Β
	or more related organizations list	ed in Parts II–IV?	M-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1
b Gift, arant, or capital contribution to other organization(s)			1b ×
c. Gift grant or capital contribution from other organization(s)			1c ×
			×
d Loans or loan guarantees to or for other organization(s)			
e Loans or loan guarantees by other organization(s)			100
f Sale of assets to other organization(s)			1 1 ×
			X
			> - - - - - - - - -
h Exchange of assets			;
i Lease of facilities, equipment, or other assets to other organization(s)			×
i lease of facilities equipment or other assets from other organization(s)			× × ×
			×
			X
			× ×
_			┵
n Sharing of paid employees			۲ ا
o Reimbursement paid to other organization for expenses			10 X
			1 _p ×
• Other transfer of each or preparty to other encouration(c)			
d Cities (cashed of property to cities (againstanding)			×
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	complete this line, including cove	red relationships and transa	ction thresholds
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) IIAA AGENCY ADMINISTRATIVE SERVICES, INC.	4	1,165,184.	ACTUAL
		.	
(2) TRUSTED CHOICE, INC.	8	100,000.	ACTUAL
(3) IIAA AGENCY ADMINISTRATIVE SERVICES, INC.	Н	182,540.	ACTUAL
(4) IIAA AGENCY ADMINISTRATIVE SERVICES, INC.	Ж	1,431,904.	ACTUAL
ONI SEDMEDENTE SEDMICES INC	.	040 069	ACT1141.
HERDENOUTE CENTICES!	4	,	TUOTOU
(6) IIAA AGENCY ADMINISTRATIVE SERVICES, INC.	Z	2,815,784.	ACTUAL
JSA 86367H M151 6/20/2012 6:00:07 NW W 10-8 3			Schedule R (Form 990) 2010

Schedule K (Form 990) 2010	T / CCOC CT		n after
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)	s" to Form 990, Par	t IV, line 34, 35, 35a, or 3	36.)
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes 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?	lated organizations liste	ed in Parts II–IV?	-+-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to other organization(s)			α,
c Gift, grant, or capital contribution from other organization(s)			10
d Loans or loan guarantees to or for other organization(s)			19
e Loans or loan guarantees by other organization(s)			-1e
			, , , , , , , , , , , , , , , , , , ,
f Sale of assets to other organization(s)			
g Purchase of assets from other organization(s)			50 ;
h Exchange of assets			u :
i Lease of facilities, equipment, or other assets to other organization(s)			=
Lease of facilities, equipment, or other assets from other organizat			
k Performance of services or membership or fundraising solicitations for other organization(s)			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I Performance of services or membership or fundraising solicitations by other organization(s)			= ,
m Sharing of facilities, equipment, mailing lists, or other assets			
n Sharing of paid employees			1n
o Reimbursement paid to other organization for expenses			10
p Reimbursement paid by other organization for expenses			238
 Qther transfer of cash or property to other organization(s)			10
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	is line, including cover	ed relationships and transa	ction thresholds
(a)	(a)	3	(p)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
A TILD MEMBEDSHID SERVICES INC	Z	432.557.	ACTUAL
1000 Tarrior			
(2)			
(3)			
(4)			
			_
(5)			
(9)			
			Schedule R (Form 990) 2010
86357 W M T T 1 6/00/2012 6.00.07 MM W 10~8 3			17 AU

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

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

Originalities Area No Form 1065	(a) Name address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners	(e) Share of end-of-vear	(f) Disproportionate	(g) Code V-UBI amount in box 20	(h) General or managing
Visit No. 1				501(c)(3) organizations?	assets		of Schedule K-1 (Form 1065)	partner?
				Yes		_		Yes No

Schedule R (Form 990) 2010

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Schedule R (Form 990) 2010

Page 5

Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form 8868

(Rev January 2041)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

micoma ricional	200.000		! !		
	filing for an Automatic 3-Month Extension, o				▶ X
=	filing for an Additional (Not Automatic) 3-Mo				
Do not comp	lete Part II unless you have already been gran	nted an au	tomatic 3-month extension on a pre	viously filed Form 8868	•
	ling (e-file). You can electronically file Form				
•	n required to file Form 990-T), or an addition	•	-		
•	uest an extension of time to file any of the Fransfers Associated With Certain Persona				
	For more details on the electronic filing of the				
	tomatic 3-Month Extension of Time. On				
A corporation	n required to file Form 990-T and requesting	an automa	atic 6-month extension - check this t	oox and complete	
Part I only _					▶ 🔲
All other cor	porations (including 1120-C filers), partnersh	ıps, REMIC	Cs, and trusts must use Form 7004 to	request an extension o	f tıme
to file incom				T	
Type or	Name of exempt organization INDEPENDENT	INSURA	ANCE AGENTS &	Employer identification	number
print	BROKERS OF AMERICA			13-5665571	•
File by the	Number, street, and room or suite no. If a P.O. box	x, see instru	ctions		
due date for filing your	127 SOUTH PEYTON STREET				
return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
instructions	ALEXANDRIA, VA 22314			· · · -	
Enter the Re	turn code for the return that this application i	is for (file a	a separate application for each return)	01
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 990-E2	· · · · · · · · · · · · · · · · · · ·	03	Form 4720		09
Form 990-PF		04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
01111 000 1	(most other than above)		7 67777	<u> </u>	! -
 The books 	s are in the care of STEVE COCKE				
Telephone	e No ▶ 703 683-4422	_	FAX No ▶ 703 683-7556		
 If the orga 	anization does not have an office or place of t	ousiness ir	the United States, check this box .		▶ 🛄
	or a Group Return, enter the organization's for			If thi	
for the whole	e group, check this box ▶ 🔲 🏻 If	it is for pa	art of the group, check this box	▶ and atta	ach
	e names and EINs of all members the extensi				
1 I reque	st an automatic 3-month (6 months for a cor	poration re	equired to file Form 990-T) extension	of time	
until	04/17 , 20 12 , to file the	exempt or	ganization return for the organization	n named above The ex	dension is
	organization's return for				
▶	calendar year 20 or				
► X	tax year beginning09/0	<u>)1</u> , 20 <u>10</u>	0, and ending	<u>08/31</u> , 20 <u>11</u>	
			. — —	.	
	ax year entered in line 1 is for less than 12 m	onths, che	ck reason Initial return	Final return	
Г.с	hange in accounting period				
3a If this	application is for Form 990-BL, 990-PF, 99	00-T 4720	or 6069, enter the tentative tax	less anv	
	undable credits See instructions	70-1, 4 720	, or ooos, enter the tentative tax	3a \$	0.
	application is for Form 990-PF, 990-T,	4720. or	r 6069, enter any refundable cr		-
	ted tax payments made. Include any prior yea			3b \$	0.
	e Due. Subtract line 3b from line 3a Include				
(Electro	onic Federal Tax Payment System) See instru	ctions.		3c \$	0.
Caution. If y	ou are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	3453-EO and Form 88	79-EO for
payment inst	tructions				

Form 886	8 (Rev 1-2012)					Page 2
	are filing for an Additional (Not Automatic) 3-Mor	nth Extens	ion, complete only Part II	and	check this box	▶ X
Note. C	only complete Part II if you have already been grante	ed an auton	natic 3-month extension on a	a prev	iously filed Form 8868	
• If you	are filing for an Automatic 3-Month Extension, co	omplete on	ly Part I (on page 1).			
Part II		tension o	f Time. Only file the original	ınal (no copies needed).	
			En	ter fil	er's identifylng number, see i	nstructions
	Name of exempt organization or other filer, see ins	tructions			Employer identification number	er (EIN) or
Туре о	INDEPENDENT INSURANCE AGENTS	&				
print	BROKERS OF AMERICA			X	13-5665571	
•	Number, street, and room or suite no. If a P.O. box	, see instruc	tions		Social security number (SSN)	
File by the due date f						
filing your	City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions			
return Se instruction						
Enter th	e Return code for the return that this application is f	or (file a se	parate application for each r	eturn)	. 0 1
Applica		Return	Application		•	Return
Is For		Code	is For	ls For		
Form 990						
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already gra	inted an au		on a	previously filed Form 88	68.
	books are in the care of STEVE COCKE					
	phone No ▶ 703 683-4422		FAX No. ▶ 703 683~	7556	 .	
	organization does not have an office or place of b	— · usiness in t	he United States, check this	box		▶□
	s is for a Group Return, enter the organization's fou				If the	sıs
			rt of the group, check this bo		▶ and atta	ach a
	the names and EINs of all members the extension i		3 77	•		
	equest an additional 3-month extension of time until		0	7/1	6 , 20 12	
	or calendar year, or other tax year beginning					20 11
	the tax year entered in line 5 is for less than 12 mon				Final return	
ſ	Change in accounting period		<u> </u>			
7 S1		YER IS	AWAITING INDEPENDEN	T TR	HIRD PARTY	
I	FORMATION NECESSARY TO FILE A COM	PLETE A	ND ACCURATE RETURN.	. Т	HE	
RE	TURN WILL BE FILED AS SOON AS THE	INFORM	ATION IS AVAILABLE.			
_						
8a if	this application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative	tax, less any	
no	onrefundable credits. See instructions				8a \$	0.
b If	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refund	dable	credits and " '	
	stimated tax payments made include any pri					
ar	mount paid previously with Form 8868				8b \$	0.
c B	alance Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if require	ed, b	y using EFTPS	
(E	lectronic Federal Tax Payment System) See instru-	ctions			8c \$	0.
<u> </u>	Signature and Verifica	tion mus	st be completed for Pa	art II	only.	
Under pe	nalties of penjury, I declare that I have examined this form,					ge and belief
	correct, and complete, and that I am authorized to prepare this fo				•	
			$\sim \sim $		/	/
Signature	· Mul Di Oshin		Title > COH		Date ► 4//3/.	12
					Form 8868	(Rev 1-2012)