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Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For the	2012 calendar year, or tax year beginning and	d ending		
В	Check if applicable	C Name of organization		D Employer identif	fication number
	Addre	PROPERTY LOSS RESEARCH BUREAU			
	Name chang	Doing Business As		<del></del>	L516660
늗	Initial return Termii	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
늗	Jated JAmen	JOZJ HIGHEND PRIKWAL	800	G Gross receipts \$	0) 724-2200 8,925,140.
눋	lreturn Applic tion	City, town, or post office, state, and ZIP code  DOWNERS GROVE, IL 60515		H(a) Is this a group	<del></del>
_	pendi	F Name and address of principal officer: THOMAS W. MALLIN		for affiliates?	Yes X No
	_	SAME AS C ABOVE		H(b) Are all affiliates in	
		empt status: 501(c)(3) _X 501(c)( 6 ) ◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attach	a list. (see instructions)
		te: WWW.PLRB.ORG		H(c) Group exempti	
	Form of art I	organization: X Corporation Trust Association Other	L Year	r of formation: 19/7	M State of legal domicile; IL
L	$\top A$	Summary  Briefly describe the organization's mission or most significant activities: SEE	SCHEDI	III.E O	
Governance	'	Briefly describe the organization's mission or most significant activities.	DCI1111	<u> </u>	
īna	2	Check this box If the organization discontinued its operations or dispersions	osed of mor	re than 25% of its net a	assets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	
Activities &	ı	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
ξį		Total number of volunteers (estimate if necessary)		. 6	
Ą		Total unrelated business revenue from Part VIII, column(Ć) Inder12. 13 12 13 12 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	10	7a	<del></del>
_	╁╌	101		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	IRS-	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)	)≝) [	8,763,829	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d, 10 EN		411,757	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,175,586.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	
m	l	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· -	4,729,393	<u> </u>
Jses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	' <b>-</b>	0,	0.
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,702,701	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,432,094	
_	19	Revenue less expenses. Subtract line 18 from line 12 .		1,743,492	
Net Assets or			<u>  B</u>	eginning of Current Year	
ASSE	20	Total assets (Part X, line 16)	<u> </u>	8,992,986	
Net/	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	<b>—</b>	13,982,769	
	art II	Signature Block			
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and stater	nents, and to the best of r	ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	er has any knowledge.	
		Thomas Mallin		May	15, 2013
Sig		Signature of officer		Date /	ŕ
He	re	THOMAS W. MALLIN, PRESIDENT & CEO Type or print name and title			
_		Print/Type preparer's name Preparer's signature	γ	Date Check	PTIN
Pai	d	JOSEPH A. LEO	,	5-7-/3 if self-empto	P00099345
_	parer	Firm's name SCANLAN & LEO, LTD.		Firm's EIN	36-2758343
Us	Only	Firm's address 1110 JORIE BOULEVARD, SUITE 204			
		OAK BROOK, IL 60523		Phone no.	(630) 990-1110
		RS discuss this return with the preparer shown above? (see instructions)		····	X Yes No
232	001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form <b>990</b> (2012)

	1990 (2012) PROPERTY LOSS RESEARCH BUREAU	<u> 36-1516660</u>	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
<del>~</del> -			
2	Did the organization undertake any significant program services during the year which were not listed on	П.,	X No
	the prior Form 990 or 990-EZ?	∟ Yes	LALI NO
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses,	and
	revenue, if any, for each program service reported.	•	
4a	(Code ) (Expenses \$ Including grants of \$ ) (Revenu	A \$	١
	THE BUREAU'S 2012 MEMBERSHIP CENSUS WAS MADE UP AS FOLLO		
	MEMBER COMPANIES AND 320 AFFILIATE MEMBERS. SERVICES TO		
		EGAL AND	
		עווא מאטי	
	CLAIMS RESEARCH SERVICES, AND OTHER SERVICES.		
		<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenu	e \$	١
		ERENCE AND T	HE '
	REGIONAL ADJUSTERS CONFERENCES.		
	ATTENDANCE FOR EACH WAS AS FOLLOWS: CLAIMS CONFERENCE -	1,758 (46%	
	OF MEMBERS, 19% OF AFFILIATES) REGIONAL ADJUSTERS CONFER		
	2,249 (63% OF MEMBERS, 22% OF AFFILIATES).	(ERCED	
	2,245 (050 OF MEMBERS, 220 OF AFFIBIATES).	<del></del>	
4c	(Code ) (Expenses \$ Including grants of \$ ) (Revenu	e \$	)
	PLRB PROVIDES AN EVER-GROWING INVENTORY OF CONTINUING EL	UCATION	
	ACCREDITED SELF-STUDY DISTANCE LEARNING MODULES. MATERI	ALS ARE	
	PREPARED BY STAFF, INDUSTRY VOLUNTEERS, OR ARE EDITED VI		!D
	PRESENTATIONS BY THE INDUSTRY'S LEADING CLAIMS SERVICE I		
	CLAIMS CONFERENCE. THESE MODULES CAN BE ACCESSED FROM A		
	PC. TEST RESULTS ARE TRACKED BY PLRB, CERTIFICATES OF C	<del></del> _	
		OF THE PROC	ESS
	BY WHICH THE USER APPLIES FOR AND RECEIVES CONTINUING EL		
		OUS MODULES,	OF
	WHICH 9,573 MODULES WERE COMPLETED BY USERS. NEW FOR 20	12, PLRB	
	PROVIDED 9 FINE-TUNED ADJUSTER WEBINARS THAT REGISTERED	4,354 LOGIN	IS
	AND AN ESTIMATED 9,332 TOTAL VIEWERS BASED ON PARTICIPAN		
4d	Other program services (Describe in Schedule O.)		
70		1	
4-			
<u>4e</u>	Total program service expenses ▶	Form	90 (2012)

Form 990 (2012) PROPERTY LOS
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			٠,,
_	If "Yes," complete Schedule A	1	-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	
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	اما		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	_	
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
46	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	20 E	W120	
''	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	MARKET .		<u></u>
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		_	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a_	X	
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 and XII is optional	42b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<b>.</b>
4	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b>	<del>-</del>	<u> </u>
.3	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19_		X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
q	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	
ь	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, highest compensated employee, or disqualified		· ·	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Action 1	
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):	28a	3-00-2	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	:		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b_		
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
			·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gifts			
	were not tax deductible?		6b_		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the organization make any taxable distributions under section 4966?		9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	ł		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against		li		
b	amounts due or received from them.)	11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<del></del>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		١ ,		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
_	Enter the amount of reserves on hand	13c			Ì
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	· · · · · · · · · · · · · · · · · · ·	14b		
<u>~</u>	The state of the s			990	(2012)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		!	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- <del></del>
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		l	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	37
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		<sub>v</sub>	
	in Schedule O how this was done	12c	X	X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?		X	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	<u> </u>	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
.Ja	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		X
<b>L</b>	taxable entity during the year?	16a		<u> </u>
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailat	ole .	
	for public inspection. Indicate how you made these available. Check all that apply.	- vanat		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
13	statements available to the public during the tax year.	ICI	·orui	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	PETER BECKER - 630-724-2221			
	3025 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515-1291		-	
232000 12-10-	<del></del>	Forn	990	(2012

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(list any hours for related organization (w2/1099-MISC)   (w2/109-MISC)   (w2/109-	(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
(1) GREGORY OSTERGREN (2) ROBERT A, DIMUCCIO DIRECTOR (3) JEFFERY B, KUSCH DIRECTOR (4) MICHAEL L, BROWNE DIRECTOR (5) ERUCE G, KELLEY (6) CHRISTOPHER MANSFIELD VICE CHAIRMAN OF BOARD OF UTION TO BOARD OF UTION TO BOARD OF UTION TO BOARD OF (7) DARWIN COPEMAN DIRECTOR (8) F.W. PURMORT III DIRECTOR (9) J, DOUGLAS ROBINSON DIRECTOR (10) JAMES SCHULTE DIRECTOR (11) THOMAS W, MALLIN PRESSIDENT & CEO (12) LEONARD E, MURPHY VP & GER'L COUNSEL (13) FETER B, BECKER (14) HUGH O. STRAWN VP (16) DEFFREY A, KERENSKY VP (17) SCOTT T, FOWELL (17) SCOTT T, FOWELL (17) SCOTT T, FOWELL  36.00  VX  0.  0.  0.  0.  0.  0.  0.  0.  0.  0		hours for related organizations below line)	$\vdash$					<u> </u>	organization	•	other compensation from the organization and related organizations	
C  ROBERT A. DIMUCCIO	• •	1.00	,,							0	^	
DIRECTOR   X		1 00	X			ļ			0.	0.	0.	
(3) JEFFERY B. KUSCH	···	1.00	, ,							0	^	
Director   X		1 00			_	_	_		0.	0.	0.	
(4) MICHAEL L. BROWNE   1.00   X	, ,	1.00								٥	0.	
DIRECTOR		1 00			<u></u>	┝	<u> </u>		<u> </u>	0.	0.	
C10   DAMES SCHULTE   DIRECTOR   X   X   X   X   X   X   X   X   X	•	1.00	ا ټ ا						^	^	0.	
CHAIRMAN OF BOARD OF DIREC		1 00	₽			┝	⊢	_	<u> </u>	0.	0.	
Column	· '	1.00	┨┰┃						0	ا م	0.	
VICE CHAIRMAN OF BOARD OF   X	<del></del>	1 00	₽		<u> </u>	├	┢		· · ·	•		
The content of the	· ·	1.00	l <sub>∵</sub> ∣						n	<b>n</b> .	0.	
DIRECTOR		1 00	<u> </u>		_	⊢	-					
(8) F.W. PURMORT III		1.00	l <sub>v</sub> ∣						n.	<b>n</b> .	0.	
DIRECTOR   X		1.00	1				$\vdash$		- 0.		•	
1.00   1.00   0.		1.00	$ \mathbf{v} $						n.	n .	0.	
DIRECTOR  (10) JAMES SCHULTE  DIRECTOR  (11) THOMAS W. MALLIN  PRESIDENT & CEO  (12) LEONARD E. MURPHY  VP & GEN'L COUNSEL  (13) PAUL C. DISPENSA  VP  (14) HUGH O. STRAWN  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEPFREY A. KERENSKY  VP  (17) SCOTT T. POWELL  X D. O.  0.  0.  0.  0.  0.  0.  0.  0.  0.		1.00	Ĥ		$\vdash$		$\vdash$	_				
1.00   DIRECTOR		2.00	$ \mathbf{x} $						٥.	0.	0.	
DIRECTOR  (11) THOMAS W. MALLIN  PRESIDENT & CEO  (12) LEONARD E. MURPHY  VP & GEN'L COUNSEL  (13) PAUL C. DISPENSA  VP  (14) HUGH O. STRAWN  VP & SECRETARY  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  (17) SCOTT T. POWELL  36.00  X  500,611.  0. 67,2  242,927.  0. 66,9  X  196,269.  0. 49,3  204,107.  0. 61,3  160,223.  0. 24,8		1.00			$\vdash$	$\vdash$	$\vdash$	_				
(11) THOMAS W. MALLIN  PRESIDENT & CEO  (12) LEONARD E. MURPHY  VP & GEN'L COUNSEL  (13) PAUL C. DISPENSA  VP  (14) HUGH O. STRAWN  VP & SECRETARY  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  (17) SCOTT T. POWELL  36.00  X  500,611.  0. 67,2  242,927.  0. 66,9  X  196,269.  0. 49,3  204,107.  0. 61,3  160,223.  0. 24,8	•		$ \mathbf{x} $						٥.	0.	0.	
Description		36.00	H			$\vdash$	-					
(12) LEONARD E. MURPHY  VP & GEN'L COUNSEL  (13) PAUL C. DISPENSA  VP  (14) HUGH O. STRAWN  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  X  185,313.  (17) SCOTT T. POWELL  36.00  X  242,927.  0. 66,9  X  196,269.  0. 49,3  Contact Secretary  X  100,223.  0. 24,8  185,313.  0. 28,6			1		x				500,611.	0.	67,206.	
VP & GEN'L COUNSEL       X       242,927.       0. 66,9         (13) PAUL C. DISPENSA       36.00       X       196,269.       0. 49,3         (14) HUGH O. STRAWN       36.00       X       204,107.       0. 61,3         (15) PETER B. BECKER       36.00       X       160,223.       0. 24,8         (16) JEFFREY A. KERENSKY       36.00       X       185,313.       0. 28,6         (17) SCOTT T. POWELL       36.00       X       185,313.       0. 28,6	(12) LEONARD E. MURPHY	36.00	П				Г					
(13) PAUL C. DISPENSA  VP  (14) HUGH O. STRAWN  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEPFREY A. KERENSKY  VP  (17) SCOTT T. POWELL  36.00  X 196,269.  0. 49,3  204,107.  0. 61,3  160,223.  0. 24,8  185,313.  0. 28,6			1		Х				242,927.	0.	66,986.	
(14) HUGH O. STRAWN  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  X  185,313.  0. 28,6	(13) PAUL C. DISPENSA	36.00							·			
(14) HUGH O. STRAWN  VP & SECRETARY  (15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  X  185,313.  0. 28,6	VP	•	1		Х				196,269.	0.	49,364.	
(15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  X  185,313.  0. 24,8  (17) SCOTT T. POWELL  36.00	(14) HUGH O. STRAWN	36.00										
(15) PETER B. BECKER  TREASURER & VP  (16) JEFFREY A. KERENSKY  VP  X  185,313.  0. 24,8  17) SCOTT T. POWELL  36.00	VP & SECRETARY		1		Х				204,107.	0.	61,320.	
(16) JEFFREY A. KERENSKY  VP  X  185,313.  0. 28,6  (17) SCOTT T. POWELL  36.00	(15) PETER B. BECKER	36.00										
VP X 185,313. 0. 28,6  (17) SCOTT T. POWELL 36.00	TREASURER & VP				X				160,223.	0.	24,816.	
(17) SCOTT T. POWELL 36.00	(16) JEFFREY A. KERENSKY	36.00										
	VP			L	X	L	L	L	185,313.	0.	28,673.	
VP     X       156,017.   0.   40,0	(17) SCOTT T. POWELL	36.00										
	VP		<u> </u>	L	X			L	156,017.	0.	40,037. Form <b>990</b> (2012)	

232007 12-10-12

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st (	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F	)
	Name and title	Average	Position (do not check more than one					Reportable	Reportable compensation		Estim		
		hours per week					ls bot x/trus				amou oth		
		(list any	ĕ					Γ	the	from related organizations		comper	
		hours for	individual trustee or director	١			Eg		organization	(W-2/1099-MI		from	
		related	stee	ruste	ł		Bensa	l	(W-2/1099-MISC)			organi	
		organizations below	ᆵ	onal		e de	t com	١.			l	and re	
		line)	P P	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	alions
(18)	ELIZABETH STERNE	36.00	1=	▝	٦	¥	+ *		<del> </del>				
		·····	1				x		108,300.		0.	35,	149.
	<del></del>		1										·
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			1			ĺ		ĺ			ĺ		
	Sub-total	<u> </u>					_	ــــا	1,753,767.		0.	373	551.
	อนอ-เอเลเ Fotal from continuation sheets to Part VI	Il Section A							0.		0.	3,3,	0.
	Fotal (add lines 1b and 1c)	ii, occion A							1,753,767.		0.	373,	551.
	Total number of individuals (including but n	ot limited to th	iose	liste	ed a	bove	e) wł	no r	received more than \$100	,000 of reportab	le	<del></del>	
	compensation from the organization												8
												Ye	s No
	Old the organization list any former officer,			e, ke	y er	nplo	yee,	, or	highest compensated e	mployee on			
	ine 1a? If "Yes," complete Schedule J for s											3	X
	For any individual listed on line 1a, is the su	=		-						the organization		4 7	,  <sup>-</sup>
	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services			+-
	rendered to the organization? If "Yes," com							CILL	tod organization or mark	dodi for scrittoes	·	5	X
	on B. Independent Contractors			-									
1 (	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors	that received more than	\$100,000 of con	npens	ation fron	1
1	he organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.			
	(A)								(B)		_	(C)	<b>4</b>
DOG:	Name and business		<del>-</del>						Description of s	ervices		ompensa	tion
	ER H. KING DBA RKM PRO 1 N. HASHKNIFE COURT,			۸7	Ω	57	4 Q		A-V PRODUCTI	ON		184	099.
5/4	I W. HASHKNIFE COOKI,	TOCSON	<u>,                                    </u>		<u> </u>				A V PRODUCTI	<u> </u>		104,	0,5,5
		-											·
	Table of the state	man la calle e e e e e		''		<u> </u>	• • •	- A -	d abaua)ba ar = = 5 + :	noro the ex			
	Total number of independent contractors (i	-	iOT li	mite	t0	ιπο	รย แ 1	ste	u adovej wno received n	iore uran			,
<del></del>	\$100,000 of compensation from the organi	zalion -			-							- 00	0 (0010)

Page 9

<u> </u>		Check if Schedule O con	tains a response	to any question	in this Part VIII			
				to any quoonen	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
ts, Aπ	C	Fundraising events	1c	<del>-</del>	}			}
ig ig	d	Related organizations	1d		]			
ins,	е	Government grants (contribute	tions) <u>1e</u>	<del></del>	]			1
er S	f	All other contributions, gifts, gran						1
듗		similar amounts not included abo	ve 1f		]			
a at	9	Noncash contributions included in lines	s 1a-1f \$					
<u>0</u> 8	h	Total. Add lines 1a-1f	<u> </u>	, <u>-</u>				
		2 COMO COMPANIO		Business Code	5 7A1 A7A	 		
ice	2 a		NT/ENTA	900099	5,741,474. 2,779,775.	2 770 775		<del> </del>
E 5	b	CONFERENCES, CO		900099	15 000	15 000		<del> </del>
E E	C	DISTANCE LEARNI PUBLICATIONS	ING MODU	900099	15,000. 5,373.	15,000. 5,373.		<del> </del>
gra Re	d	PUBLICATIONS		300033	3,3/3.	3,3/3.		<del> </del>
Program Service Revenue	e	All other program condenses						
	' ~	All other program service reverse.  Total. Add lines 2a-2f	enue		8,541,622.			<del> </del>
_	3	Investment income (including	dividends inter		7,012,012			<del></del>
i	•	other similar amounts)	, 4.7.46.7.66, 11.7.67	<b>&gt;</b>	383,518.			383,518.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties						
		•	(i) Real	(ii) Personal				
- 1	6 a	Gross rents			]			
	b	Less: rental expenses			]			
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u>&gt;</u>			···	<u></u>
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other	]			
		assets other than inventory		<u> </u>	1			İ
	b	Less: cost or other basis						
		and sales expenses		<b></b>				
		Gain or (loss)	<u> </u>	<u></u>				- <b> </b>
		Net gain or (loss) .						
enue	8 a		•					
ě		ıncluding \$	of		ĺ			ĺ
&		contributions reported on line						
Other Rev		Part IV, line 18 Less: direct expenses	a b	<del>-</del>	1			
δļ		Net income or (loss) from fund	• -		<del></del>	1		[
		Gross income from gaming a	-			<del></del>		
		Port IV line 10	a	J				}
	ь	Less: direct expenses	 b	<del></del>	1			
		Net income or (loss) from gan	ning activities .	. •				
	10 a	Gross sales of inventory, less	returns					]
		and allowances	а					
	b	Less: cost of goods sold	<b>b</b>		]			
	c	Net income or (loss) from sale	es of inventory					<u> </u>
		Miscellaneous Revenu	ie	Business Code				
	11 a				<u> </u>	<b> </b>		<del> </del>
	b	<del></del>	<del> </del>		<del> </del>	<del> </del>		<del></del>
	C							<del> </del>
	d	All other revenue		<u> </u>		<del> </del>		<del> </del>
ļ	θ 40	Total. Add lines 11a-11d			8 925 140	8,541,622.		. 383,518.
23200	12 9	Total revenue. See instructions.	<del></del>	<u> </u>	0,723,140.	0,341,044		Form <b>990</b> (2012)

Form 990 (2012) PROPERTY LOSS
Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respor		is Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	4 000 500		ļ						
	trustees, and key employees	1,900,706.	<del></del>							
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0 000 100								
7	Other salaries and wages	2,298,168.								
8	Pension plan accruals and contributions (include	220 444								
	section 401(k) and 403(b) employer contributions)	329,444.								
9	Other employee benefits	279,638. 249,524.	<del> </del>							
10	Payroll taxes	249,524.	<del> </del>							
11	Fees for services (non-employees):									
a	Management				<del></del>					
b	Legal	25,150.	<u> </u>							
0	Accounting	25,150.								
d	Lobbying Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,		· · · · · · · · · · · · · · · · · · ·							
y	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses	22,571.	·							
14	Information technology									
15	Royalties									
16	Occupancy	336,966.								
17	Travel	12,594.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials			ļ						
19	Conferences, conventions, and meetings	1,666,290.		ļ						
20	Interest .	95,669.								
21	Payments to affiliates	100 064			<del> </del>					
22	Depreciation, depletion, and amortization	182,064. 39,958.		<del></del>						
23	Insurance	37,738.	* -·							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line			1						
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
_	DATA & WORD PROCESSING	118,265.								
a	CONTINUING EDUCATION	70,268.		<del></del>						
	COMMUNICATIONS	39,174.		<u> </u>						
d	DATABASE SERVICES	29,631.	· · · · · · · · · · · · · · · · · · ·	-						
_	All other expenses	61,093.								
25	Total functional expenses. Add lines 1 through 24e	7,757,173.								
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here fif following SOP 98-2 (ASC 958-720)									

Form 990 (2012)
Part X | Balance Sheet

Part	<u> </u>	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,350,843.	1	5,736,332.
J	2	Savings and temporary cash investments	1,108,977.	2	234,370.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,562,324.	4	2,737,390.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
ł	6	Loans and other receivables from other disqualified persons (as defined under			<del></del>
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	<del></del>
`	9	Prepaid expenses and deferred charges	102,333.	9	177,054.
.		Land, buildings, and equipment: cost or other			<del></del>
		basis. Complete Part VI of Schedule D 10a 1,940,688.			
1	ь	Less: accumulated depreciation 10b 1,529,374.	233,128.	10c	411,314.
	11	Investments - publicly traded securities	14,102,130.	11	14,022,478.
	 12	Investments other securities. See Part IV, line 11		12	<u> </u>
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del> -
	15	Other assets. See Part IV, line 11	516,020.	15	592,704.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,975,755.	16	23,911,642.
	17	Accounts payable and accrued expenses	35,763.	17	97,024.
	18	Grants payable		18	
- 1	19	Deferred revenue	6,934,135.	19	7,200,250.
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del>
<u>i</u> ≝	22	Loans and other payables to current and former officers, directors, trustees,	<del></del>		
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>ا</u> ت		Complete Part II of Schedule L	1,550,652.	22	801,988.
- 1:	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	472,436.	25	550,543.
:	26	Total liabilities. Add lines 17 through 25	8,992,986.	26	8,649,805.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
န္မ		complete lines 27 through 29, and lines 33 and 34.			
Ĕ I	27	Unrestricted net assets	13,982,769.	27	15,261,837.
[ 절	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
\$   :	30	Capital stock or trust principal, or current funds		30	
is :	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	13,982,769.	33	15,261,837.
	34	Total liabilities and net assets/fund balances	22,975,755.	34	23,911,642.

Form **990** (2012)

Form 990 (2012)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

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Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization		<del></del>	Emp	loyer identification number
	PROPERT	Y LOSS RESEARCH	BUREAU		36-1516660
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	in Part IV. ▶ ;	£
Pa	art I-B   Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1	<del></del>			<u> </u>	3
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 . ▶	\$
	If the organization incurred a section				Yes No
<b>4</b> a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
_	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	tion activities	\$
	Enter the amount of the filing organ				
	exempt function activities			<b>.</b>	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	<b>-</b> 1	
	line 17b				\$
4					Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount pa comptly and directly delivered to	aid from the filing organ a separate political org	ization's funds. Also enter t ganization, such as a separ	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
		, , ,			

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

Schedule C (Form 990 or 990-EZ) 2012

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Schedule C (Form 990 or 990-EZ) 2012 PRO	PERTY LO	SS RESEARCH	BUREAU	36-:	1516660 Page 2_
Part II-A   Complete if the organiz	ation is exe	mpt under section	n 501(c)(3) and file	d Form 5768	
(election under section	501(h)).				
A Check if the filing organization b	elongs to an affi	liated group (and list i	n Part IV each affiliated	group member's nai	ne, address, EIN,
expenses, and share of e	xcess lobbying	expenditures).			
B Check ▶ ☐ if the filing organization cl	necked box A a	nd "limited control" pr	ovisions apply.		
Limite	obbying Expe	ndituroo		(a) Filing	(b) Affiliated group
(The term "expenditure			)	organization's totals	totals
1a Total lobbying expenditures to influence	public opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)	÷			
d Other exempt purpose expenditures		•	. [		
e Total exempt purpose expenditures (add	lines 1c and 1c	d) .	[		
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) is	: The lob	bying nontaxable am	ount is:		
Not over \$500,000			•		
Over \$500,000 but not over \$1,000,000					
Over \$1,000,000 but not over \$1,500,00	0 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		* ,
Over \$1,500,000 but not over \$17,000,0	00 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter 25	% of line 1f)	•	. [		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0-		Ļ		
i Subtract line 1f from line 1c. If zero or les	ss, enter -0-		. [		
j If there is an amount other than zero on	either line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this year?			·		Yes No
<b>10</b>		eraging Period Under		lata all of the five	
			n do not have to comp es 2a through 2f on pa		
		nditures During 4-Ye			<del></del>
	Loppying Expe	Tultures During 4-16	A Averaging Ferrod		T
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	-,	<u> </u>			
c Total lobbying expenditures					
d Grassroots nontaxable amount			<del>                                     </del>	<del>_</del>	+
e Grassroots ceiling amount					
(150% of line 2d, column (e))			<del>                                     </del>		<del> </del>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

# Schedule C (Form 990 or 990-EZ) 2012 PROPERTY LOSS RESEARCH BUREAU 36-1516660 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				<del></del>
d					
е	Publications, or published or broadcast statements?			<del></del>	
1					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Í	Other activities?				
j	Total. Add lines 1c through 1i	<b></b>			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<del></del>	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-			
d Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
rai	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year .		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I Part II-B, line 1. Also, complete this part for any additional information.	Part II-A (affili	ated group	list); Part II	-A, line 2;
		-		<del></del>	
		<del></del>		<u>.</u>	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

2012
Copenito Public

Name of the organization

PROPERTY LOSS RESEARCH BUREAU

Employer identification number

	PROPERTY LOSS RESEARCH BUREAU	<u> 36-1516660</u>
Pai	t Is Organizations Maintaining Donor Advised Funds or Other Similar Funds or J	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	<del></del>
4	Aggregate value at end of year	<del></del>
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nde
•	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
O		•
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Dai	impermissible private benefit?  t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	Yes No
		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	• •
	Protection of natural habitat  Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	[ ]
	listed in the National Register .	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	
	and section 170(h)(4)(B)(ii)?	└── Yes └── No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
	conservation easements.	- <u></u>
Par	t III. Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and it	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain.	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
а	Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
h	Assets included in Form 990 Part Y	► \$ ► \$
	Assets included in Form 950, Fart A	· ·

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

(10) (11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... > 550, 543.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ... X

	dule D (Form 990) 2012 PROPERTY LOSS RESEARCH BUR					Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per R	eturi		
1	Total revenue, gains, and other support per audited financial statements			1	9,036,	241.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	111,101.			
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants .	2c		]		
d	Other (Describe in Part XIII.)	2d		]		
е	Add lines 2a through 2d			2e		101.
3	Subtract line 2e from line 1			3	8,925,	140.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,925,	140.
	t XII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	7,757,	173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1 1		
С	Other losses	2c		1		
d	Other (Describe in Part XIII.)	2d		1		
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1	-		3	7,757,	<del>173.</del>
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b		1 1		
	Add lines 4a and 4b			4c		0.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		•	5	7,757,	
Par	t XIII Supplemental Information		<del></del>			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a	a and 4: Part IV. lines 1	b and	2b; Part V, line 4	1: Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to					,
	T X, LINE 2: THE BUREAU ADOPTED A STANDAR					
ACC	COUNTING FOR UNCERTAINTY IN INCOME TAXES.	THE	TAX EFFECT	FRO	M AN	
					<i>a</i>	-
UNC	ERTAIN TAX POSITION IS RECOGNIZED IN THE	F. TNAL	CIAL STATEM	ENT	S ONLY I	<u>F</u>
$ ext{THE}$	POSITION IS MORE LIKELY THAN NOT TO BE S	SUSTAI	NED ON AUDI	Т,	BASED UP	ON
THE	TECHNICAL MERITS OF THE POSITION. FOR T	'AX PC	SITIONS MEE	TIN	G THE MO	RE
LIK	ELY THAN NOT THRESHOLD, THE AMOUNT RECOGN	NIZED	IN THE FINA	NCI.	AL	
STA	TEMENTS IS THE LARGEST BENEFIT THAT HAS A	A GRE	TER THAN 50	PE	RCENT	

LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT

#### 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

Department of the Treasury Internal Revenue Service

Name of the organization

PROPERTY LOSS RESEARCH BUREAU

Employer identification number 36-1516660

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal u	ise	1	
	Travel for companions Payments for business use of personal reside			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	Problems and problems are also and a second control of the s	1		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	j	]	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directo			$\vdash$
-		2		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<u> </u>	<del></del>	
2	Indicate which if any of the fallowing the filing exponentian used to establish the componentian of the exponing tion	,		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	1		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	,		
	establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  X Written employment contract		1	
	Form 990 of other organizations  L&J Approval by the board or compensation comp	miee		
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:			
_	Receive a severance payment or change-of-control payment?	4a		X
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<del></del>
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	· · ·   <del>- · ·</del>	<del>                                     </del>	
	11 165 to any of lines 42-c, list the persons and provide the applicable amounts for each terminal distinction.			
	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:	l	] :	
а	The organization?	5a		i
b	Any related organization?	5b	<b>1</b>	
_	If "Yes" to line 5a or 5b, describe in Part III.	.	1	
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:	İ	1	
а	The organization?	6a	i	
Ь	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 payments			l'
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	·		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u>                                   </u>		
•	Regulations section 53.4958-6(c)?	9		1
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	2012

Schedule J (Form 990) 2012

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneins	(a)-(i)(a)	reponed as deferred in prior Form 990
(1) THOMAS W. MALLIN	9	354,640.	106,392.	39,579.	37,000.	30,206.	567,817.	0
PRESIDENT & CEO	: 🗈	0	0	0.	0		l	0
MURPHY	Ξ	193,110.	39,372.	10,445.	33,000.	33,986.	309,913.	0
VP & GEN'L COUNSEL	: 🗉	0		1		0.		0
(3) PAUL C. DISPENSA	€	148,870.	29,774.	17,625.	26,439.	22,925.	245,63	0
VP	€		0		1			0.
(4) HUGH O. STRAWN	3	155,270.	31,054.	17,783.	27,576.	33,744.	265,	0.
VP & SECRETARY	€			0				0.
(5) PETER B. BECKER	€	132,550.	27,510.	163.	23,541.	1,275.	185,039.	0
TREASURER & VP	≘		0	.0		0		0.
(6) JEFFREY A. KERENSKY	Ξ	154,270.	30,854.	189.	27,398.	1,275.	213,986.	0.
VP		0	1	0	0	0.		0
(7) SCOTT T. POWELL	€	129,670.	25,934.	413.	23,029.	17,008.	196,054.	0
VP	€	0	0	0.	0	0.	0	0.
	Ξ							
	(ii)							
	Θ							
	⊞							:
	(3)							
	<u>(ii)</u>							
	Ξ							
	⊞							
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	(ii)							
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	흳							
232112				ć			Sched	Schedule J (Form 990) 2012

#### SCHEDULE L (Form 990 or 990-EZ)

Form 990 or 990-E2

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Schedule L (Form 990 or 990-EZ) 2012

PROPERTY_LOSS_RESEARCH_BU							36	-15	166	60				
Part I Excess Bene	fit Transa	ctions (sec	ction 501(c)(	3) and	section 501	(c)(4) org	anizations or	nly).	•					
Complete if the c	organization a	answered "Ye	es" on Form	990, P	art IV, line 2	5a or 25t	o, or Form 99	0-EZ, P	art V,	line 40	b.			
1 (a) Name of disqualified p	(	b) Relationsh	nip between	disqua	lified	(c) Description of transaction					(d)	Corre	cted?	
——————————————————————————————————————	Jerson	person	and organiz	ation		(c) Description of transaction				_ Y	es	No		
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												$\bot$		
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						<del></del>								
2 Enter the amount of tax i	ncurred by th	ne organizatio	on manager	s or dis	qualified pe	rsons du	ring the year	under						
section 4958							•			<b>&gt;</b> \$				
3 Enter the amount of tax,	it any, on line	2, above, re	elmbursed by	y the or	rganization				•	<b>&gt;</b> \$				
Part II Loans to and	/or From	Interested	d Persons	S.					-					
Complete if the c					7 Part V lin	e 38a or F	Form QQA Pa	rt IV lir	na 26.	or if th	o oraș	nizati	OΠ	
reported an amo	•				-, r ait v, iii i	0 002 01 1	01111 330, 1 2		10 20,	01 11 (1	io orga	ti iizati	011	
(a) Name of	(b) Relations		nose (d) L	oan to or	(e) Ori	ginal	(f) Balance	due	(g)	Ín	(h) Ap	proved ard or	(i) W	ritten
interested person	with organization	l inflo	ian Iπα	m the	principal		(I) Dalario	, <b>uu</b> o	defa		comm	ard or uttee?	agree	ment?
	) organization	^^ <u> </u>	То	$\overline{}$					Yes	No	Yes	No	Yes	No
AMICA MUTUAL IN			X		1,000	,000.	133,	665.		X	X		X	
AUSTIN MUTUTAL			X	1	1,000	,000.	133,			X	X		X	
CENTRAL MUTUAL			X		1,000		133,			X	X_		X	
EMPLOYERS MUTUA			X		1,000		133,			X	X		X	
JEWELERS MUTUAL	4		X		1,000		133,			X	X_		X	
LIBERTY MUTUAL			X		1,000	,000.	133,	664.		X	X		X	
					<u> </u>									
<del></del>				<del></del>									<b> </b>	
				<del> </del>	ļ				<u> </u>	<u> </u>	<u> </u>			
<del></del>	<u> </u>			Д			801,	000	- 1.f.		ŝ. 40	<b>अटबेट</b> र	-	(* i)
Total Part III   Grants or As	eistance	Benefiting	Interest	ad ba	reone	▶ \$	0UI,	900.	, 25 '5	4 44	Sec. 1.73	ALCON MAN	74 B. (1)	- 1. Cont.
Complete if the		_				17								
(a) Name of interested p						nount of	1 1	 d) Type	of		le	) Pum	ose of	
(a) Name of Interested (	3613011		onship betw ed person a			stance		issistan		Ì		assist		
		the o	organization				-							
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SEE PART V FOR CONTINUATIONS

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's
				Yes	No
				1	
				<u> </u>	
				1	
Part V Supplemental Information				-	
Complete this part to provide addition	onal information for responses to question	s on Schedule L (see	instructions).		
SCHEDULE L, PART II, LOAN	IS TO AND FROM INTERES	STED PERSON	NS:		
(A) NAME OF PERSON: AMICA	MUTUAL INSURANCE				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		· · · · · · · · · · · · · · · · · · ·			
(A) NAME OF PERSON: AUSTI	IN MUTUTAL INSURANCE				
(A) NAME OF PERSON: CENTE	RAL MUTUAL TUSURANCE				
(A) Main of Findon. Chili	did itorond inportation	<del></del> .			
(A) NAME OF PERSON: EMPLO	YERS MUTUAL CASUALTY				
(A) NAME OF PERSON: JEWEI	LERS MUTUAL INSURANCE	·			•
(A) NAME OF PERSON: JEWEL	JEKS MUTUAL INSURANCE				
		<del></del>			
(A) NAME OF PERSON: LIBER	RTY MUTUAL INSURANCE				
SCHEDULE L, PART II					
				***	
BUSINESS TRANSACTIONS IN	OLVING INTERESTED PE	RSONS			
THE SIX INSURANCE COMPANY	IES IDENTIFIED IN THI	S SCHEDULE	ARE THE SO	LE	
VOTINGS MEMBERS OF THE BU	JREAU.				
			-		
THE COUNTY OF THE COUNTY	TO TOWN TETE AND THE T	WIDHAL WUO	3.CMC 3.C 3		
EACH VOTING MEMBER COMPAN					<del></del>
REPRESENTATIVE OF THAT CO	OMPANY. THIS INDIVID		ED AS A MEM Schedule L (Form 990		E7\ 204
232132		•	John SSC	, UI 33U*	, 20 1

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Name of the organization **Employer identification number** PROPERTY LOSS RESEARCH BUREAU 36-1516660 FROM 990, PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION OUR PURPOSE IS TO OFFER OUR MEMBERS THOSE PRODUCTS AND SERVICES MORE EFFICIENTLY OR ECONOMICALLY THAN THEY CAN GENERATE FOR THEMSELVES. SPECIFIC EXAMPLES ARE DESCRIBED IN DETAIL IN PART III, LINE 1. FORM 990, PART III, LINE 1 DESCRIPTION OF ORGANIZATION MISSION IN THE TRUE SENSE OF A TRADE ASSOCIATION, OUR PURPOSE IS TO OFFER OUR MEMBERS THOSE PRODUCTS AND SERVICES THAT WE CAN PROVIDE MORE EFFICIENTLY OR ECONOMICALLY THAN THEY CAN GENERATE FOR THEMSELVES. MORE SPECIFICALLY, THE PROPERTY LOSS RESEARCH BUREAU STRIVES TO: 1. ACHIEVE AND MAINTAIN THE HIGHEST LEVELS OF COMPETENCE AMONG THOSE REPRESENTING MEMBER INSURERS IN THE ADJUSTMENT OF INSURANCE CLAIMS. 2. REDUCE MEMBERS' LEGAL COSTS BY PROVIDING RESEARCH AND ANALYSIS OF CLAIMS COVERAGE ISSUES. 3. PROMOTE CLARITY IN, AND UNDERSTANDING OF, INSURANCE POLICY LANGUAGE. 4. BE THE INDUSTRY LEADER IN THE DESIGN OF INNOVATIVE AND EFFICIENT CLAIMS ADJUSTING PRACTICES. 5. INCREASE MEMBER EMPLOYEE PRODUCTIVITY AND HELP REDUCE INDIVIDUAL TRAINING COSTS THROUGH THE DESIGN AND DELIVERY OF EFFECTIVE, GENERIC TRAINING PROGRAMS. 6. CONTRIBUTE TO THE INDUSTRY'S CLAIMS RESPONSE, ASSIST AND EDUCATE MEMBERS' CATASTROPHE CLAIMS PERSONNEL, AND AID CATASTROPHE VICTIMS

7. COOPERATE WITH OTHER PROPERTY CASUALTY INDUSTRY GROUPS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01:04-13

Schedule O (Form 990 or 990-EZ) (2012)

THROUGH PUBLIC INFORMATION.

Name of the organization

PROPERTY LOSS RESEARCH BUREAU

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

ELECTRONIC BULLETINS IS 30,639 INDIVIDUAL RECIPIENTS.

Employer identification number 36-1516660

ASSOCIATIONS, AND OTHERS IN THEIR EFFORTS TO ENHANCE THE KNOWLEDGE AND PROFESSIONALISM OF THE INDUSTRY AND ITS SERVICE TO THE PUBLIC.

PLRB ELECTRONICALLY PUBLISHES WEEKLY PROPERTY AND LIABILITY CASE LAW

UPDATES. THESE PUBLICATIONS PRESENT RELEVANT CASE LAW ACROSS THE

COUNTRY TO KEEP MEMBERS INFORMED OF THE MOST UP-TO-DATE LEGAL

PRECEDENT. OUR CASE LAW UPDATES INCORPORATE ANALYSES OF THESE CASES

THEY POINT OUT JUDICIAL APPROACHES AND EXPLAIN HOW THE NEWEST OPINIONS
RELATE TO EXISTING CASE LAW. THESE CASE LAW UPDATES ARE PART OF THE TWO
WEEKLY ELECTRONIC BULLETINS THAT PLRB DISTRIBUTES. THESE BULLETINS
PRESENT THE CASE LAW UPDATES, AS WELL AS CATASTROPHE, EDUCATION AND
INDUSTRY INFORMATION. THE TOTAL WEEKLY DISTRIBUTION OF THE TWO

AND COMMENT ON HOW THE DECISIONS CAN BE APPLIED TO CLAIMS SCENARIOS.

FORM 990, PART VI, SECTION A, LINE 6: PROPERTY LOSS RESEARCH BUREAU IS A

MEMBERSHIP ORGANIZATION AND HAS 6 INSTITUTIONAL VOTING MEMBERS, AS PROVIDED

IN ITS BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A: EACH OF THE SIX INSTITUTIONAL VOTING MEMBERS IDENTIFIED IN THE BYLAWS DESIGNATES A REPRESENTATIVE THAT IS APPOINTED TO THE 10-MEMBER BOARD OF DIRECTORS. THE REMAINING FOUR MEMBERS OF THE BOARD OF DIRECTORS ARE APPOINTED BY THE SIX REPRESENTATIVES OF THE VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: UNDER THE BYLAWS, NO ACTION OF THE

BOARD OF DIRECTORS AMENDING THE BYLAWS OR ARTICLES OF INCORPORATION,

Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 36-1516660

REMOVING OFFICERS, ADOPTING A PLAN OF MERGER OR CONSOLIDATION, OR APPROVING
THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF THE BUREAU'S ASSETS OR
THE DISSOLUTION OF THE BUREAU, SHALL BE EFFECTIVE WITHOUT THE UNANIMOUS
WRITTEN CONSENT OF THE VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: PROPERTY LOSS RESEARCH BUREAU'S

(PLRB) FORM 990 WAS PREPARED ON BEHALF OF PLRB BY THE ACCOUNTING FIRM

SCANLAN & LEO, OAKBROOK, ILLINOIS WHO ALSO SERVE AS PLRB'S INDEPENDENT

AUDITORS. PLRB'S STAFF ACCOUNTANT, ANN BLOMQUIST, CONSULTED WITH SCANLAN &

LEO ABOUT VARIOUS INFORMATION REQUESTED BY THE FORM. PLRB PRESIDENT & CEO,

THOMAS W. MALLIN, REVIEWED THE PROPOSED ANSWERS TO ALL THE LINES AND

QUESTIONS ON THE FORM AND DRAFTED NARRATIVE INFORMATION REQUESTED BY THE

FORM 990. ALL REVIEW OF PLRB'S 2012 FORM 990 BY THE PLRB PRESIDENT

OCCURRED PRIOR TO THE FILING OF THAT FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES ARE REQUIRED TO

FULLY DISCLOSE TO THEIR SUPERVISORS ANY ACTIVITIES WHICH MIGHT BE

PROHIBITED UNDER SECTION 5.4, CONFLICT OF INTEREST, OF THE PLRB EMPLOYEE

HANDBOOK. IN ADDITION, MANAGEMENT INVESTIGATES ANY ACTIVITY BY ANY

EMPLOYEE WHICH MANAGEMENT OBSERVES OR BECOMES AWARE OF WHICH MIGHT BE

PROHIBITED UNDER THE CONFLICT OF INTEREST POLICY. AFTER SUCH

INVESTIGATION, MANAGEMENT DETERMINES WHETHER THE ACTIVITY EITHER VIOLATES

OR DOES NOT VIOLATE PLRB'S CONFLICT OF INTEREST POLICY AND TAKES ANY

REQUIRED STEPS TO ENFORCE THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE/COMPENSATION

COMMITTEE OF THE PROPERTY LOSS RESEARCH BUREAU (PLRB) BOARD OF DIRECTORS

REVIEWS THE PRESIDENT'S WRITTEN PERFORMANCE EVALUATIONS AND ANNUAL SALARY

232212

Schedule O (Form 990 or 990-EZ) (2012)