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# Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α 1	For the	2012 calefidar year, of tax year beginning and	enaing	_			
В	Check if applicable	C Name of organization		D Employer identif	ication number		
	Addres	REINSURANCE ASSOCIATION OF AMERICA					
	Name change	Doing Business As		52-0	1882723		
	Initial retum		Room/suite	E Telephone numbe			
Ē	Termin ated		700		-638-3690		
	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	8,686,165.		
	Applic	WASHINGTON, DC 20005		H(a) Is this a group r	return		
	pendir	F Name and address of principal officer: FRANKLIN W. NUTTER		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No		
1	Tax-exe	empt status 501(c)(3) _X 501(c)( 6 ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	a list. (see instructions)		
		e: WWW.REINSURANCE.ORG		H(c) Group exemption	on number		
K	Form of	organization: X Corporation	L Year		M State of legal domicile: DC		
	art I	Summary					
-	1	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f AS}$	SSIST	MEMBERS IN	PROTECTING		
Activities & Governance		THE INTERESTS OF THE INDUSTRY, TO ACT AS	THE I	NDUSTRY			
r	2	Check this box If the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.		
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	25		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25		
ş	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	23		
ij	6	Total number of volunteers (estimate if necessary)		6	0		
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
_				Prior Year	Current Year		
ø.	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
Ž	9	Program service revenue (Part VIII, line 2g)		8,173,599.	8,578,821.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	68,570.	48,541.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,481.	58,803.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,308,650.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	1,752.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	5,228,231.	5,340,416.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.		
e e	Ь	Total fundraising expenses (Part IX, column (D), (ine 25)	₲. ├	<del></del>			
ŭ	17	Other average (Part IV ashum (A) breaded at 146 A-V-IV	<del></del>	2,894,338.	2,956,782.		
	18	Total expenses Add lines 13.17 (must equal Bort IX politims (A) line 35)	3   -	8,124,321.			
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 2 MAY 2 3 2013		184,329.			
<u> </u>	<u>;                                    </u>			eginning of Current Year			
Net Assets or Fund Balances	20	Total access (Part V June 16)	-\ <del> -</del> ^	2,879,226.			
Ass	21	Total liabilities (Part X, line 16)		1,329,495			
喜	22	Net assets or fund balances. Subtract line 21 from line 20	-	1,549,731.			
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of n	ny knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,,,,		
_		terral with the			- 2013		
Sig	ın	Signature of officer		Date			
He		FRANKLIN W. NUTTER, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN		
Pai	d	TOHN HIGKING	Ì	41513 if self-emplo			
_	parer	Firm's name JOHNSON LAMBERT LLP		Firm's EIN	52-1446779		
	e Only	Firm's address 700 SPRING FOREST ROAD, STE 115		THINGLIN			
	,	RALEIGH, NC 27609		Phone no	919-719-6400		
N40	v tha II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
ivia	iv lite It	as discuss this return with the preparer shown above? (see instructions)			LAN TES LINO		

	— · · · · · · · · · · · · · · · · · · ·			
	to the expension decembed in parties 501(a)(2) or 4047(a)(1) (athorithms a provide foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		$\frac{x}{x}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<del></del> -
•	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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_		<u>X</u>
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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	. 9		<del></del>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u	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	Х	<del></del>
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		┡ <u>╇</u>
D	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	х	}
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	10	<u></u> -	<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			]
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4-		- v
20~	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	<del> </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  ^</del>
-	11 100 to mile 200, and the organization attach a copy of its addited finalicial statements to this return?		000	(2012)

Form 990 (2012) REINSURANCE ASSOCIATION OF AMERICA 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		Х
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	'		İ
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	( ), ( ), ( )			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		<u> </u>
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	l		х
27		26		<u> </u>
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<u> </u>
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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	1		
	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	ا ۔ ا		<del></del>
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	$\vdash$
50	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	-30		<del>                                     </del>
	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?			<u> </u>
-	Note. All Form 990 filers are required to complete Schedule O	38	х	Ì
		Form	990	(2012)

• Form	990 (2012) REINSURANCE ASSOCIATION OF AMERICA 52-0882	723	P	age <b>5</b>
	t 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			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
<b>2</b> 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 23			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			,
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
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 services 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 required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		
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		<u> </u>

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104

 ${\bf b}~$  If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

			i
11a			
			l
11b		<b>'</b>	
1041	?	12a	
1			

10b

13b 13c 14a X dule O 14b

Form **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 Section A. Governing Body and Management Yes No 25 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 25 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website \_\_\_\_ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DENISE BELL** - 202-638-3690 1445 NEW YORK AVE NW, STE 700, WASHINGTON, 20005

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	cer an	ss pe d a d	rson	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	36 Or (	stee			nsated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	trust	al tru		)yee	эфшо		(** = **== **** = **,		and related
	below	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	ner			organizations
	line)	Ē	lusi	8	Key	불통	휸		<del>-</del>	
(1) ANTHONY KUCZINSKI	1.50	.,		, ,		l				•
CHAIRMAN (TO APR '12)	1 00	X	_	Х	<u> </u>	<del> </del>	_	0.	0.	0.
(2) JAMES FEW	1.00	₩.	1	┰	1		ŀ		١	0
CHAIRMAN	1 00	X	<u> </u>	Х		-	<u> </u>	0.	0.	0 .
(3) THEODORE WALKER	1.00	X		x				0.		0
VICE CHAIRMAN	1.00	12		^	┝	⊢	_		0.	0.
(4) FRANKLIN MONTROSS, IV SECRETARY/TREASURER	1.00	x		x	1	1		0.	ο.	0.
(5) JOHN BENDER	1.00	₽		_	$\vdash$		<u> </u>	<u> </u>	0.	<u> </u>
DIRECTOR	- ±•••	x					İ	0.	0.	0 .
(6) JAQUES Q. BONNEAU	1.00	<u> </u>	$\vdash$	$\vdash$	┝╌	┢			· ·	
DIRECTOR	1.00	x		,				0.	0.	0.
(7) ANDREW CARRIER	1.00	<del> </del>	-		$\vdash$					
DIRECTOR		x						0.	0.	0.
(8) EMILY CANELO	1.00	Г				$\vdash$				
DIRECTOR		x						0.	0.	0.
(9) KEAN DRISCOLL	1.00					Т		,		
DIRECTOR (FROM APR '12)		Х			l	Ι.		0.	0.	0.
(10) CHARLES DUPPLIN	1.00	Π							-	-
DIRECTOR (TO APR '12)		X					1	0.	0.	0.
(11) DWIGHT EVANS	1.00									
DIRECTOR (TO APR '12)		X						0.		0.
(12) WILLIAM A. FISCHER	1.00					1				_
DIRECTOR		X						0.	0.	0
(13) JAMES FIORE	1.00									
DIRECTOR		X	L		<u> </u>	<u> </u>		0.	0.	0
(14) STEVEN M. GLASSMAN	1.00	]	]			1	1	] _		
DIRECTOR		X				<u> </u>	L	0.	0.	0
(15) TATSUHIKO HOSHINA	1.00				ĺ	1		_	_	_
DIRECTOR		Х		Щ.	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	0.	0.	0
(16) THOMAS HULST	1.00	1								_
DIRECTOR	1	X		<u> </u>		_	<u> </u>	0.	0.	0.
(17) WILLIAM JEWETT	1.00								_	_
DIRECTOR (TO APR '12)		X				<u> </u>		0.	0.	0

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	not c		C) ition more rson	l than is bot	one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	on		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ns	fr org an	ipensa rom th anizat d relat anizati	e tion ted
(18) JANET KATZ	1.00												
DIRECTOR		X	_		_	_	<u> </u>	0.		0.	<u></u>		0.
(19) HENRY KLECAN, JR	1.00	l				ŀ				_			_
DIRECTOR	1 00	X	_	_			_	0.		0.			0.
(20) ANTHONY J. KUCZINSKI	1.00				l	ļ	ļ	1		^	l		_
DIRECTOR (FROM APR '12)	1 00	X	_	L	_	<u> </u>		0.		0.			0.
(21) EDWARD NOONAN	1.00						1			^			_
DIRECTOR (TO APR '12)	1 00	X	<u> </u>		<u> </u>	<u> </u>	_	0.		0.	<u> </u>		0.
(22) KEVIN O'DONNELL	1.00					ł	ļ	1		^			^
DIRECTOR (23) JEREMY PINCHIN	1 00	X				<u> </u>	┝	0.		0.	<u> </u>		0.
DIRECTOR (FROM APR '12)	1.00	x		]				0.		0.			^
(24) JOHN RATHGEBER	1.00	1	-		-	├	⊢	0.	<del>-</del>	<u> </u>	<u> </u>		0.
DIRECTOR	1.00	x	1		1	1	1	0.		0.			0.
(25) JOHN RAUSCH	1.00	<del>  ^</del>	-	<u> </u>	┝	├		<del>  · ·</del>		<del></del>	<u> </u>		
DIRECTOR	1.00	X						0.		0.			0.
(26) MIKE SAPNAR	1.00	<del>  ^</del>	$\vdash$	$\vdash$	┝	<u> </u>	┢		<del>-</del>		<u> </u>		
DIRECTOR		x	1	•	1	1	ì	0.		0.			0.
1b Sub-total	<u> </u>	1,			Ц	_	Ь	0.		0.			0.
c Total from continuation sheets to Part V	II. Section A							3,270,179.		0.	47	4,1	
d Total (add lines 1b and 1c)	.,							3,270,179.		0.		4,1	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wi	no r	<del></del>	0.000 of reportab	ole	L		
compensation from the organization						,			,				14
	<u> </u>											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	İ			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e <i>J f</i>	for such individual			4	X	L
5 Did any person listed on line 1a receive or a					-		elat	ed organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son					5		X
Section B. Independent Contractors	<del>_</del>										_		
Complete this table for your five highest co	•									npens	ation i	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rthir T		year.				
(A) Name and business	address							( <b>B)</b> Description of s	envices	ر ا	)) ompe		n
SIDLEY AUSTIN, LLP									-	<u> </u>	- Inpe	i i sa tio	<del>"</del>
<del></del>	ים אטייב	~ '	201	ากร	5		ŀ	FET LITIGATI	ON		26	5,8	51
WILLIAMS & JENSEN, PLLC	1501 K STREET NW, WASHINGTON, DC							OUTSIDE COUN				<del>J,</del> 0	31.
701 8TH STREET NW, WASHII	NGTON . 1	DC	20	000	01			FEDERAL REPR			20	5,2	85
							一					<u> </u>	<del></del>
							ł			1			
							_			$\vdash$			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII   Section A. Officers, Directors, Ti	ustees, Key E	npi	эуес	es, a	na i	nıgr	iest	Compensated Employ		<b>(F)</b>
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours	16	hecl				.l.A	Reportable compensation	Reportable compensation	Estimated amount of
	per	۳	T	T	IIIai	app	''y <i>)</i>	from	from related	other
	week					ခ္မ		the	organizations	compensation
	(list any	흕				nploy		organization	(W-2/1099-MISC)	from the
	hours for	튠	١			ed en	Ì	(W-2/1099-MISC)	,	organization
	related	stee 0	ustee			ES La				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	Ividu	atute	Officer	l el	hest	Former			
	line)	를	SE .	₩	<u>ş</u>	표	호			
(27) ERIC SMITH	1.00						]			
DIRECTOR		X						0.	0.	0.
(28) TOM WAFER	1.00								-	
DIRECTOR		X						0.	0.	0.
(29) JOHN P. WELCH	1.00							<u> </u>		
DIRECTOR		Х						0.	0.	0.
(30) DANIEL WILSON	1.00									
DIRECTOR (FROM APR '12)		х						0.	0.	0.
(31) FRANKLIN W. NUTTER	40.00	$\vdash$	-							
PRESIDENT				х				1,074,243.	0.	50,922.
(32) ROBYN L. MORRISS	40.00		-	-	$\vdash$					30,322
SENIOR VICE PRESIDENT (TO AUG '12)	1000			x				137,954.	0.	27,652.
(33) TRACEY W. LAWS	40.00				$\vdash$	$\vdash$	⊢	137,334.		27,052.
SENIOR VICE PRESIDENT	1000	ł			X			412,293.	0.	57,952.
(34) MARSHA A. COHEN	40.00				<u>.</u>	$\vdash$	$\vdash$	412,255.	0.	31,334.
SENIOR VICE PRESIDENT	40.00				х			341,335.	0.	60,400.
(35) JOSEPH B. SIEVERLING	40.00	├	<u> </u>	$\vdash$	<u> </u>	$\vdash$	-	341,333.	<u> </u>	00,400.
SENIOR VICE PRESIDENT	40.00	ł			x			355 075	0	EO 167
(36) MARY Z. SEIDEL	40.00	$\vdash$	<u> </u>		Δ		┝	355,075.	0.	58,167.
VICE PRESIDENT	40.00	ļ				x		226 070	0	FO 154
	40.00			<u> </u>	<u> </u>	^	├	236,070.	0.	50,154.
(37) DENNIS C. BURKE	40.00	ļ				٠,,		205 707	•	F1 000
VICE PRESIDENT	40 00	_		L	<u> </u>	X	<u> </u>	205,787.	0.	51,982.
(38) MATTHEW T. WULF	40.00							155 055	•	44 550
VICE PRESIDENT	40.00	<u> </u>		$oxed{oxed}$		X	<u> </u>	175,957.	0.	44,579.
(39) WARREN S. WILLIAMSON	40.00									
VICE PRESIDENT	1					Х		166,591.	0.	44,645.
(40) KARALEE C. MORELL	40.00								_	
ASSISTANT VICE PRESIDENT		L				Х		164,874.	0.	27,680.
		1				ŀ				
										-
		1								
								1		
									<del></del> .	
Total to Part VII, Section A, line 1c								3,270,179.		474,133.

Form 990 (2012) REINSURANCE ASSOCIATION OF AMERICA
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	to any question if				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a		= -			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					Į
ا ق		Fundraising events	1c					į
if if		Related organizations	1d		,			!
الَّانِّ		Government grants (contribut	<del></del>			·		
Sig		All other contributions, gifts, gran	· -					
돌힐	•	similar amounts not included abo						
불팅								
등림	g		s 1a-1f \$	<del></del>				
<u> </u>	<u>n</u>	Total. Add lines 1a-1f		10				
.	_	MEMBERSHIP ASSESSMENTS	1	Business Code 900099	6 612 007	6 612 007		
ا ق	2 a	COVERDENCE FREE	<u> </u>	900099	6,612,097.	6,612,097.		1 707 700
le g	b	DUDI TONTONO		<del></del>	1,797,799.	160 005		1,797,799.
E S	С	PUBLICATIONS		511120	168,925.	168,925.		
Ra	d	<u> </u>	<del> </del>					
Program Service Revenue	е			ļ				
-	f	, ,	enue	L				
_	g				8,578,821.			
	3	Investment income (including	dividends, intere	est, and				
ı		other similar amounts)		▶ [	48,541.			48,541.
- 1	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(i) Real	(II) Personal				
- 1	6 a	Gross rents						
- 1	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>			_	
	7 a	Gross amount from sales of	(i) Securities	(II) Other	<u>,,,</u>			
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		1				
	С	Gain or (loss)						
]		Net gain or (loss)		<b>•</b>				
.		Gross income from fundraisin	a events (not		·			
enne		including \$	of	ŀ				
		contributions reported on line		1 1				
Ę.		Part IV, line 18	а а					
Other Re	b	Less: direct expenses	b					
Ò		Net income or (loss) from fund	_	<u> </u>				
1		Gross income from gaming a	=					
	0 4	Part IV, line 19	а					
	h	Less, direct expenses	b					
		Net income or (loss) from gan	_	<b>—</b>		*		
1		Gross sales of inventory, less	-				· · · · · · · · · · · · · · · · · · ·	
	iv a	and allowances						
			a					
		Less: cost of goods sold	b					
	<u> </u>	Net income or (loss) from sale		Busines - Oc.		<del> </del>	·	
		Miscellaneous Revenu	ne	Business Code 900099	58,803.			58,803.
				300033	20,803.			58,803.
	Ь			<b> </b>			<del></del>	<del></del>
	c			<del></del>			<del>_</del>	<del></del>
	d	· · · · · · · · · · · · · · · · · · ·		<u></u>	E9 003	<u> </u>	<del></del>	
		Total. Add lines 11a-11d		<b>P</b>	58,803.	6 701 000		1 005 140
	12	Total revenue. See instructions.			8,686,165.	6,781,022.	0.	1,905,143.

Secu	on 501(c)(3) and 501(c)(4) organizations must com	piete ali coluitiris. Ali otti	er organizations must c	ompiete column (A)	
	Check if Schedule O contains a respon	ise to any question in thi	s 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	(D) 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		<del></del>		
5	Compensation of current officers, directors,	2 575 002			
	trustees, and key employees	2,575,993.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,039,667.	<del>-</del>		
8	Pension plan accruals and contributions (include	0.55			
	section 401(k) and 403(b) employer contributions)	267,804.			<u> </u>
9	Other employee benefits	257,042.	<del></del>		<u>,,</u>
10	Payroll taxes	199,910.		` .	
11	Fees for services (non-employees):				
а	Management				
b	Legal	26,117.			
С	Accounting	20,129.			
d	Lobbying	599,017.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	49,609.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	234,695.			·
12	Advertising and promotion	6,909.			· · · · · · · · · · · · · · · · · · ·
13	Office expenses	110,716.			<del></del>
14	Information technology	69,759.			
15	Royalties				
16	Occupancy	565,908.			
17	Travel	296,939.	<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u> </u>		<del></del>	
19	Conferences, conventions, and meetings	739,002.			
20	Interest	479. 113.			
21	Payments to affiliates			ļ	
22	Depreciation, depletion, and amortization	34,687. 23,628.			
23	Insurance	23,020.		<del> </del>	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LIBRARY AND SUBSCRIPTIO	96,159.	.,		
b	PUBLIC RELATIONS	47,858.			
c	MEMBERSHIP AND DUES	13,568.		<u> </u>	
d	DC PERSONAL & SALES TAX	12,656.	<del></del>		
e	All other expenses	8,834.		<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24e	8,297,198.	<u> </u>	<del></del>	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ŀ			
	educational campaign and fundraising solicitation.			<u> </u>	
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 780,125. 397,761. 1 Cash · non-interest-bearing 1 937,607. 415,330. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 251,212. 236,587. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 49,914. 112,349. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 363,856. 10a basis Complete Part VI of Schedule D 46,551. 40,929. 322,927. 10b 10c b Less: accumulated depreciation 1,290,269. 1,766,920. 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 82,534. 45,825. 15 Other assets. See Part IV, line 11 15 2,879,226. 3,574,687. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 545,759. 318,368. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 540,963. 637,595. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 470,164. 462,073. 25 Schedule D 1,329,495. 1,645,427. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \( \bigset \bigset \bigset \bigset \alpha \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,549,731. 1,929,260. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), 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 32 Retained earnings, endowment, accumulated income, or other funds 32 1,549,731. 1,929,260. 33 33 Total net assets or fund balances 2,879,226. 3,574,687. 34 Total liabilities and net assets/fund balances

	1990 (2012) REINSURANCE ASSOCIATION OF AMERICA	<u> 52-0</u>	08827:	23	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets	<u> </u>				
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		686		
2	Total expenses (must equal Part IX, column (A), line 25)	2		297		
3	Revenue less expenses Subtract line 2 from line 1	3				67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,!			31.
5	Net unrealized gains (losses) on investments	5		<9	, 43	38.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	1,9	929	, 26	50.
Pa	t XII Financial Statements and Reporting	_				
	Check if Schedule O contains a response to any question in this Part XII				ļ	$\Box$
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			П	
	separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis			l_	i	
b	Were the organization's financial statements audited by an independent accountant?		[ ]	2b .	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c :	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audı	t			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	i 🗌			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	$\perp$	
			Fo	orm <b>9</b> 9	<b>90</b> (2	2012)

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

➤ See separate instructions.

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2012

Open to Public Inspection

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 1	Tax), then
• Section 501(c)(4), (5), or (6) organiz	zations Complete Part III			11 12 1
Name of organization	DANCE ACCOUNTING	05 3455703	Empi	oyer identification number
	RANCE ASSOCIATION rganization is exempt unde		r is a spection 527 o	52-0882723
Part I-A Complete II the o	rganization is exempt unde	r section 501(c) (	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organ</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	nization's direct and indirect political	campaign activities in	Part IV ►\$	7,700.
Part I-B Complete if the o	rganization is exempt unde	r section 501(c)(3	3).	
1 Enter the amount of any excise to	ax incurred by the organization unde	r section 4955	▶\$	
2 Enter the amount of any excise to	ax incurred by organization managers	s under section 4955	▶\$	
3 If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	r this year?		Yes   No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV.  Part I-C   Complete if the o	rganization is exempt unde	r section 501/c)	except section 501/	0)(3)
<u></u>	<del></del>			
<ul><li>2 Enter the amount directly expend</li></ul>	led by the filing organization for sections	•		
exempt function activities	anization's funds contributed to othe	er organizations for sec	\$\limit{\$\delta}\$	
3 Total exempt function expenditur	res Add lines 1 and 2. Enter here and	d on Form 1120-POI	·	
line 17b	oo , taaoo , aa z. ztoi nero a	3 0111 01111 1 1201 02,	<b>▶</b> \$	7,700. X Yes No
4 Did the filing organization file For	m 1120-POL for this year?		•	X Yes No
contributions received that were	employer identification number (EIN) zation listed, enter the amount paid to promptly and directly delivered to a solid If additional space is needed, provid	from the filing organiza separate political orga	tical organizations to whic ation's funds. Also enter th nization, such as a separa	n the filing organization le 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
ECONOMIC FREEDOM	TALLAHASSEE, FL	- <del></del>		
FOUNDATION	32308	45-2849809	2,500.	0.
FRIENDS FOR THE	ROCKVILLE CENTRE,			
ELECTION OF DEAN G.		90-0042091	1,000.	0.
FRIENDS OF SENATOR	PO BOX 20 ONEONTA		500	
JAMES L SEWARD	NY 13820	<u> 16-1403268</u>	500.	0.
CITIZENS FOR LARKIN		14-1653549	500.	0.
FRIENDS OF SENATOR	PO BOX 2171			
BRESLIN	ALBANY, NY 12220	<u> 16-1518968</u>	500.	0.
COM. TO RE-ELECT	PO BOX 90714	46 446461-		
ASSEMBLYMAN JOSEPH	ROCHESTER, NY 146	16-1421647	500.	) 0.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990 EZ) 2012 F Part II-A   Complete if the orga	EINS	JRANCE	ASSOCIATIO	N OF AMERIC	A 52-0	0882723 Page 2				
Part II-A Complete if the orga (election under sect			mpt under sectio	n 501(c)(3) and 111	ea Form 5/68					
— <del>—                                   </del>		· ···	<del> </del>		<del> </del>					
	Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
expenses, and share										
B Check L If the filing organizati	on check	ed box A a	nd "limited control" pro	ovisions apply.		T				
		ying Expe eans amou	nditures ınts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influe	ence publ	ic opinion (	grass roots lobbying)							
b Total lobbying expenditures to influe	b Total lobbying expenditures to influence a legislative body (direct lobbying)									
c Total lobbying expenditures (add lin	es 1a and	l 1b)			<u></u>					
d Other exempt purpose expenditures	3									
e Total exempt purpose expenditures		s 1c and 1c	d)							
f Lobbying nontaxable amount Enter	•		•	h columns.		<del>                                     </del>				
If the amount on line 1e, column (a) or			bying nontaxable am			†				
Not over \$500,000	`		the amount on line 1e	<del></del>						
Over \$500,000 but not over \$1,000,	nnn		00 plus 15% of the exc	ess over \$500 000						
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc							
Over \$1,500,000 but not over \$17,000		_	00 plus 5% of the exce							
Over \$17,000,000	00,000	\$1,000,		33 ονεί ψί,ουσ,ουσ						
0.000,000		Ψ1,000,								
g Grassroots nontaxable amount (ent	er 25% of	line 1ft				<u> </u>				
h Subtract line 1g from line 1a. If zero		•		ł		<del> </del>				
i Subtract line 1f from line 1c. If zero	-			ŀ		<del> </del>				
j If there is an amount other than zero	-		line 1. did the ergeniz	otion file Form 4700	<del> </del>	<del></del>				
=		I NITIO	ine ii, did the organiz	ation the Form 4720		Yes No				
reporting section 4911 tax for this y			eraging Period Under	Section FO1/h)	<del></del>	Tes LINU				
	tions tha	t made a s	ection 501(h) election	n do not have to comp						
COII				es 2a through 2f on pa	ige 4.) 					
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period	<del></del>	<del></del>				
Calendar year (or fiscal year beginning in)	(a) 2	009	<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										
						<del></del>				
d Grassroots nontaxable amount			1			1				
e Grassroots ceiling amount						<del>                                     </del>				
(150% of line 2d, column (e))										
		7000	-							
f Grassroots lobbying expenditures						<u></u>				

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 REINSURANCE ASSOCIATION OF AMERICA 52-0882723 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	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b)		
of th	ne lobbying activity.	Yes	No	Amo		
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?					
t	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?     Media advertisements?					
	Mailings to members, legislators, or the public?	+				
	Publications, or published or broadcast statements?					
1	Grants to other organizations for lobbying purposes?					
ç	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ŀ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
<b>2</b> a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				ĺ	
b	If "Yes," enter the amount of any tax incurred under section 4912		·			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	_	
				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	Х		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No," OF	R (b) Par	t III-A, lir	ne 3, is	
1	Dues, assessments and similar amounts from members		1	5,982	7,097.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a	1,569	,425.	
b	Carryover from last year		2b		,344.	
C	Total		2c		769.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	2,273	3,197.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4	<134	428.	
5	Taxable amount of lobbying and political expenditures (see instructions)	<del></del>	5			
	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; P	art II-A (affilia	ited group	list); Part II-	A, line 2;	
	Part II·B, line 1. Also, complete this part for any additional information.  RT I-A, LINE 1:					
LO	BBY STATE, FEDERAL, AND INTERNATIONAL LEGISLATIVE,	REGULA	TORY,	AND_		
RU	LEMAKING BODIES ON BEHALF OF THE MEMBERSHIP.					
	P.T. C. CONTENTIATION.			<del>_</del> ·		
	RT I-C CONTINUATION:  ONOMIC FREEDOM FOUNDATION		<del>.</del>	<del></del>		
اين	SNOFIC PREEDOM FOUNDALION					

Schedule C (Form 990 or 990-EZ) 2012 REINSURANCE ASSOCIATION OF AMERICA 52-0882723 Page 4 Part IV | Supplemental Information (continued) 2640A MITCHAM DRIVE TALLAHASSEE, FL 32308 EIN: 45-2849809 COL (D) AMOUNT: 2500. COL (E) AMOUNT: FRIENDS FOR THE ELECTION OF DEAN G. SKELOS 31 ROXEN ROAD ROCKVILLE CENTRE, NY 11570 EIN: 90-0042091 COL (D) AMOUNT: 1000. COL (E) AMOUNT: FRIENDS OF SENATOR JAMES L SEWARD PO BOX 20 ONEONTA, NY 13820 EIN: 16-1403268 COL (D) AMOUNT: 500. COL (E) AMOUNT: CITIZENS FOR LARKIN PO BOX 4321 NEW WINDSOR, NY 12553 EIN: 14-1653549 COL (D) AMOUNT: 500. COL (E) AMOUNT: FRIENDS OF SENATOR BRESLIN PO BOX 2171 ALBANY, NY 12220 EIN: 16-1518968 COL (D) AMOUNT: 500. COL (E) AMOUNT: COM. TO RE-ELECT ASSEMBLYMAN JOSEPH D MORELLE PO BOX 90714 ROCHESTER, NY 14609 EIN: 16-1421647 COL (D) AMOUNT: 500. COL (E) AMOUNT: DACC 107 WASHINGTON AVENUE, SUITE 1LL ALBANY, NY 12210 500. COL (E) AMOUNT: EIN: 13-3041656 COL (D) AMOUNT: CITIZENS FOR CALHOUN

#### **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.

OMB No 1545-0047

2012
Open to Public Inspection

Name of the organization

REINSURANCE ASSOCIATION OF AMERICA

Employer identification number 52-0882723

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	э алин аанили, он ног алу онног рагросс со	Yes No
Pai		ganization answered "Yes" to Form 990. Part	
<u> </u>	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		
	ca, or the tall your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	
	year▶	<b>3</b>	.gg
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year > \$
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ai	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		ANCE ASSOC							82723	
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Simila	<u>r Asse</u>	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	is, chec	k any of the	following that	at are a sig	nıfıcant u	se of its	collection	items
	(check all that apply).									
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	ams				
þ	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further ti	he organizati	on's exem	pt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be ma	aintained_as part_of f	the orga	nization's co	ollection?_				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
	Is the organization an agent, trustee, custodi	an or other intermed	dary for	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								_	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	provided in	Part XIII				
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10		_		
		(a) Current year	(b) F	rior year	(c) Two year	rs back (c	) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions							_		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities			···		i				
	and programs									
f	Administrative expenses									
g	End of year balance		Ë.							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:		_			
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for the	organiza	ation		
	by								\	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ient. See Form 990	), Part X	, line 10.						
	Description of property	(a) Cost or o		, , ,	or other		cumulated	<b>1</b>	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		_	36	3,856.	3	22 <u>,</u> 92	7.	40	,929.
	Other			l						
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B) <u>,</u> line 1	10(c))				40	,929.

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 REINSURANCE ASSOCIATION OF AMERICA	52-	0882723	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per			
1	Total revenue, gains, and other support per audited financial statements	1	8,676	727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a <9,438	•▶		
b	Donated services and use of facilities 2b			
С	Recovenes of prior year grants 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	<9,	<u>438.</u> :
3	Subtract line 2e from line 1	3	8,686,	165.
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			
b	Other (Describe in Part XIII.)	<u> </u>		
С	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	8,686,	165.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retu		
1	Total expenses and losses per audited financial statements	1	8,297	198.
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			
С	Other losses 2c			
d	Other (Describe in Part XIII.)		]	
е	Add lines 2a through 2d	2e	<u> </u>	0.
3	Subtract line 2e from line 1	3	8,297	198.
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			
b	Other (Describe in Part XIII.)	╗		
С	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,297	198.
	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines	1b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.		
PAI	RT X, LINE 2: MANAGEMENT HAS CONCLUDED THAT THE ASSOCIATI	ON H	AS	
PRO	OPERLY MAINTAINED ITS EXEMPT STATUS AND THAT THERE ARE NO	UNC	ERTAIN 7	'AX
<u> PO</u>	SITIONS AS OF DECEMBER 31, 2012.			

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

**Employer identification number** 

RE:	INSURANCE ASS				52-088272					
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes"				
	to Form 990, Par	t IV, line 14b								
1										
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2										
_	United States									
3_				an be duplicated if additional space is		(0.T.)				
	(a) Region	offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures				
		in the region	agents, and independent contractors	services, investments, grants to	describe specific type	for and				
			contractors	recipients located in the region)	of service(s) in region	investments in region				
			ın region		<del></del>	1				
				PROGRAM SERVICE; BOARD OF						
BERM	<b>MUDA</b>	0	f .	DIRECTORS MEETING	REUNDERWRITING SEMINAR	66,368.				
	<del></del>					<del>                                     </del>				
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	1									
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		<b>_</b>								
	Sub-total	0	0			66,368.				
b	Total from continuation	] _	_			1				
	sheets to Part I	°	0			0.				
С	Totals (add lines 3a		_			65.355				
	and 3b)	0	0	1	1	66,368.				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

			Outside the United States. Concated if additional space is ne		rganization answered	d "Yes" to Form	990, Part IV, line 15, for	any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				į				
								1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Schedu	le Fاد	(Form 990) 2012 REINSURANCE ASSOCIATION OF AMERICA	52-0882723	Page 4
Part	IV	Foreign Forms		
1	org	as the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the parization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign reporation (see Instructions for Form 926)	Yes	X No
2	may Red	I the organization have an interest in a foreign trust during the tax year? If "Yes," the organization by be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and ceipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With I.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To rtain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qua Info	as the organization a direct or indirect shareholder of a passive foreign investment company or a alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, formation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund the Instructions for Form 8621)	Yes	X No
5	the	I the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain reign Partnerships (see Instructions for Form 8865)	Yes	X No
6	"Ye	I the organization have any operations in or related to any boycotting countries during the tax year? If es," the organization may be required to file Form 5713, International Boycott Report. (see Instructions Form 5713)	Yes	X No

#### 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.

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number 52-0882723

OMB No 1545-0047

	REINSURANCE ASSOCIATION OF AMERICA 52-08					
Pa	rt I Questions Regarding Compensation					
				Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for perso	nal use				
	Travel for companions Payments for business use of personal re	sidence	- 1			
	Tax indemnification and gross-up payments Health or social club dues or initiation fee	l l	ı		1	
	Discretionary spending account  Personal services (e.g., maid, chauffeur, c.g.)	hef)				
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			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	<b> </b>				
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2	X		
	<u> </u>					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	ition's				
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organizat	1				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee X Written employment contract	Ĭ	l		1	
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  Approval by the board or compensation committee					
					Į	
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?		4a		X	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	_	4b		X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>—</b>	4c		X	
	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	n				
	contingent on the revenues of:				ŀ	
а	The organization?		5a			
b	Any related organization?	Γ.	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	n				
	contingent on the net earnings of.					
а	The organization?		6a			
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	;   <sup>-</sup>				
	not described in lines 5 and 6? If "Yes," describe in Part III		7			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne 「				
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		L	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					

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

Regulations section 53 4958-6(c)?

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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(I)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		other deferred benefits compensation		reported as deferred in prior Form 990	
(1) FRANKLIN W. NUTTER	(i)	725,158.	325,000.	24,085.	33,000.	17,922.	1,125,165.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ROBYN L. MORRISS	(i)	115,617.	20,000.	2,337.	19,801.	7,851.	165,606.	0.	
SENIOR VICE PRESIDENT (TO AUG '12)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) TRACEY W. LAWS	(i)	336,446.	75,000.	847.	36,500.	21,452.	470,245.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MARSHA A. COHEN	(i)	259,586.	80,000.	1,749.	36,650.	23,750.	401,735.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JOSEPH B. SIEVERLING	(i)	283,994.	70,000.	1,081.	36,662.	21,505.	413,242.	0.	
SENIOR VICE PRESIDENT	(ii) [	0.	0.	0.	0.	0.	0.	0.	
(6) MARY Z. SEIDEL	(i)	200,370.	35,000.	700.	34,489.	15,665.	286,224.	0.	
VICE PRESIDENT	(ii) [	0.	0.	0.	0.	0.	0.	0.	
(7) DENNIS C. BURKE	(i)	188,115.	17,000.	672.	31,240.	20,742.	257,769.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) MATTHEW T. WULF	(i)	155,638.	20,000.	319.	26,117.	18,462.	220,536.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) WARREN S. WILLIAMSON	(i)	130,902.	28,000.	7,689.	23,322.	21,323.	211,236.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) KARALEE C. MORELL	(i)	149,604.	15,000.	270.	14,979.	12,701.	192,554.	0.	
ASSISTANT VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	<u>(ii)</u>					· · · · · · · · · · · · · · · · · · ·			

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

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

REINSURANCE ASSOCIATION OF AMERICA

Employer identification number 52-0882723

FORM 990, PART I, LINE 1, DESCRIPTION OF	ORGANIZATION MISSION:
REPRESENTATIVE, AND TO ASSIST REINSURERS	BY COLLECTING AND
DISSEMINATING INFORMATION.	

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

ASSIST REINSURERS IN PROVIDING COVERAGE AND SERVICE RESPONSIVE TO THE

EVOLVING NEEDS OF PRIMARY INSURERS AND THE PUBLIC BY COLLECTING AND

DISSEMINATING INFORMATION AND BY PROVIDING A FORUM FOR THE DISCUSSION

AND CONSIDERATION OF THIS INFORMATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS THREE TYPES OF MEMBERSHIP: UNDERWRITING MEMBERS, AFFILIATE BROKER MEMBERS, AND LIFE RE AFFILIATES. EACH UNDERWRITING MEMBER'S VOTING RIGHT IS A FUNCTION OF THAT MEMBER'S DUES, WHICH IS BASED ON REINSURANCE PREMIUMS WRITTEN.

FORM 990, PART VI, SECTION B, LINE 11: AFTER FORM 990 IS PREPARED BY

INTERNAL ACCOUNTING STAFF AND AN OUTSIDE CPA FIRM, IT IS REVIEWED BY RAA

MANAGEMENT (GENERAL COUNSEL, FINANCIAL OFFICER, AND PRESIDENT) FOR ACCURACY

AND COMPLETENESS. FORM 990 IS THEN FORWARDED TO THE SECRETARY/TREASURER OF

THE RAA BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY FOR

THE STAFF IS COVERED UNDER 2.9 OF THE EMPLOYEE MANUAL (PAGES 12 & 13) AND

IS RATIFIED EVERY YEAR. RAA ADDED A CONFLICT OF INTEREST POLICY FOR

OFFICERS IN 2008. EMPLOYEES SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.

REINSURANCE ASSOCIATION OF AMERICA	52-0882723
FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION	PROCESS FOR
DETERMINING THE PRESIDENT/CEO'S COMPENSATION IS AS FOLLOW	S: THE RAA
ADM INISTRATION COMMITTEE WILL ANNUALLY REVIEW THE PRESIDE	NT/CEO'S
COMPENSATION. BASE SALARY WILL BE REASONABLY COMPETITIVE	WITH BASE SALARIES
PAID TO THE CHIEF EXECUTIVE OFFICER OF OTHER NATIONAL TRA	DE ASSOCIATIONS OF
COMPARABLE STATURE AND COMPLEXITY ("PEER ASSOCIATIONS").	RAA WILL ALSO USE
FORM 990 OF OTHER ORGANIZATIONS OF SIMILAR SIZE, A COMPEN	SATION SURVEY, AND
INSURANCE INDUSTRY COMPENSATION PERIODICALLY TO DETERMINE	THE
PRESIDENT/CEO'S COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION I	OES NOT MAKE ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINA	NCIAL STATEMENTS
AVAILABLE TO THE PUBLIC.	
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