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332001 10-29-13

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public

Open to Public Inspection

	Intern	al Reven	ue Service	▶ Inform	nation about Fo	orm 990 and its	instruction	ons is at ,,,,,,	w.irs.c	2007 fo rm 99	o	insper	etion	
	A F	or the	2013 calend	lar year, or tax year t				and ending						
	B c	heck if pplicable	C Name of	f organization					D	Employer	identifica	ation number		
	Γ	Addres change	PROP	ERTY LOSS F	RESEARCH	BUREAU								
		Name change				SEE SCH	EDULE	0	_	36-1516660				
	$\overline{\Box}$	Initial return		and street (or P O box				Room/su	ute E					
		Termin-		HIGHLAND I				800			(630)	724-22	00	
		Amend	City or town, state or province, country, and ZIP or foreign postal code							G Gross receipts 9,216,				
		Applica	- DOMN	ERS GROVE,					H(a) Is this a group return					
		pendin	F Name a	nd address of principal AS C ABOVE	al officer:THO	MAS W. M	IALLIN		for subordinates? Yes X H(b) Are all subordinates included? Yes					
	1 T	ax-exe	mpt status:	501(c)(3) X 5	601(c) (6)	(insert no)	4947(a)(1) or !	527	• •		st. (see instruc		
				PLRB.ORG	7	<u> </u>		-7(-7		(c) Group ex			,	
				X Corporation	Trust As	sociation 🔲	Other >	LY				State of legal do	micile IL	
		rt I	Summary											
	е	1 [Briefly describ	be the organization's r	mission or most	significant_acti	vities: SE	E SCHE	DULE	0				
	anc	_					700000	· · · · · · · · · · · · · · · · · · ·						
	Governance	2 (Check this bo	x 🕨 🔲 if the orga	anization disco	ntinued its oper	ations of	Hsposed of m	ore tha	an 25% of it	s net ass	ets.		
	Š	3 1	Number of vot	ting members of the g	governing body	(Part VI, Ine la)		ကြွ		3		10	
	8			lependent voting men				1b)	lö		4		4	
	Activities &	5 7	Total number	of individuals employe	ed in calendar y	/ear 2013 (P <u>art</u>	V, line 2a)	D 5014	స్ట		5		39	
Ę,	tivit	i		of volunteers (estimat	• •	11 5	9GDE	MITT	(E3)		6		0	
2014	Ac			d business revenue fr			2				7a _		0.	
	_	ы	Net unrelated	business taxable inco	ome from Form	990-1, line 34				Dalas Valas	7b	O		
⊽ =4			^antelle litera	and aranta (Dart VIII	line 1h)					Prior Year	0.	Current Y	0.	
MAR	Revenue	Į.		and grants (Part VIII, ce revenue (Part VIII,				ł		3,541,6		8,883		
æ	ver		-	come (Part VIII, colum		and 7d)		-		383,5			,940.	
	Ä			e (Part VIII, column (A)		-	1e)	-			0.		0.	
Щ				· add lines 8 through				12)		3,925,	140.	9,216	,383.	
SCANNED				milar amounts paid (P						<u> </u>	0.		0.	
3				to or for members (Pa				Ì			0.		0.	
Š	S	15 9	Salaries, other	r compensation, empl	loyee benefits (Part IX, column	(A), lines 5	-10)		057,4	180.	5,458	,433.	
	us.	16a F	Professional fu	undraising fees (Part I	IX, column (A),	ine 11e)					0.		0.	
	Expenses	b 1	Total fundraisi	ing expenses (Part IX,	, column (D), lin	e 25) 🕨		<u> </u>						
	ш	17 (Other expense	es (Part IX, column (A)), lines 11a-11d	, 11f-24e)				2,699,6		3,062		
		18 7	Total expense	s. Add lines 13-17 (m	ust equal Part I	X, column (A), lı	ne 25)			7,757,1		8,520		
		19 F	Revenue less	expenses. Subtract III	ne 18 from line	12	<u>-</u> .			1,167,9			,494.	
	Net Assets or Fund Balances							<u> </u>		ning of Currer		End of Your 23,789	ear 405	
	Sse			Part X, line 16)				ļ		3,911,6 3,649,8		8,026		
				(Part X, line 26)		h 00		•		,261,8		15,763		
			Signature	fund balances. Subtra	act line 21 from	line 20				7,201,0	337.	13,703	7007.	
				I declare that I have exar	mined this return	including accomi	nanving sch	edules and stat	ements	and to the h	est of my l	knowledge and b	elief it is	
				Declaration of preparer										
	,	-		como Wi	Malli	_						20, 2014		
	Sigr	,	Signature	e of officer						Date	7	-,, -		
	Here			AS W. MALLI	IN, PRES	IDENT &	CEO							
			Type or p	orint name and title										
			Print/Type prep	parer's name		Preparer's signa		_	Date		Check	PTIN	.	
	Paid		JOSEPH				W L	<u> </u>	7-		self-employed	P00099		
	Prep	H-	Firm's name	SCANLAN &			T M P 2	<u> </u>		Firm's	EIN 🛌	36-2758	343	
	Use	Only	Firm's address				TTE 2	U 4			163	0) 000	1110	
				OAK BROOM			-41			Phone	no (0 3	0) 990- X Yes	No No	
	way	tne in	S discuss this	s return with the prep	arer snown abo	over (see instru	JUONS)					LALITES_	<u> </u>	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

	n 990 (2013) PROPERTY LOSS RESEARCH BUREAU 36-151666	0	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes [No
	If "Yes," describe these new services on Schedule O.		
3	<u></u>	Yes	X No
_	If "Yes," describe these changes on Schedule O.	.03	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe		
7			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	ses, a	10
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$)
	THE BUREAU'S 2013 MEMBERSHIP CENSUS WAS MADE UP AS FOLLOWS: 1,001		
	MEMBER COMPANIES AND 304 AFFILIATE MEMBERS. SERVICES TO THESE		
	MEMBER ORGANIZATIONS INCLUDED EDUCATION AND TRAINING, LEGAL AND		
	CLAIMS RESEARCH SERVICES, AND OTHER SERVICES.		
4b	(Code) (Expenses \$)
	THE MAJOR CONFERENCES HELD IN 2013 WERE THE CLAIMS CONFERENCE, TH	<u>E</u>	
	LARGE LOSS CONFERENCE, AND THE REGIONAL ADJUSTERS CONFERENCES.		
	ATTENDANCE FOR EACH CONFERENCE WAS AS FOLLOWS:		
	CLAIMS CONFERENCE - 2,289 (58% OF MEMBERS, 18% OF AFFILIATES)		
	LARGE LOSS CONFERENCE - 1,029 (35% OF MEMBERS, 34% OF AFFILIATES)		
	REGIONAL ADJUSTERS CONFERENCES - 1,089 (61% OF MEMBERS, 19% OF		
	AFFILIATES)		
			
4c)
	PLRB PROVIDES AN EVER-GROWING INVENTORY OF CONTINUING EDUCATION		
	ACCREDITED SELF-STUDY DISTANCE LEARNING MODULES. MATERIALS ARE		
	PREPARED BY STAFF, INDUSTRY VOLUNTEERS, OR ARE EDITED VIDEO-RECOR		
	PRESENTATIONS BY THE INDUSTRY'S LEADING CLAIMS SERVICE PROVIDERS	AΤ	OUR
	CLAIMS CONFERENCE. THESE MODULES CAN BE ACCESSED FROM ANY WEB-EN		
	PC. TEST RESULTS ARE TRACKED BY PLRB, CERTIFICATES OF COMPLETION		
	BE PRINTED OUT BY THE USER, AND PLRB HAS AUTOMATED MUCH OF THE PR		
		OCE	35
	BY WHICH THE USER APPLIES FOR AND RECEIVES CONTINUING EDUCATION		<u> </u>
	CREDITS. IN 2013, 20,228 USERS PARTICIPATED IN 53 VARIOUS MODULE		OF.
	WHICH 11,951 MODULES WERE COMPLETED BY USERS. ALSO IN 2013, PLRB		
	PROVIDED 10 FINE-TUNED ADJUSTER WEBINARS THAT REGISTERED 5,519 LO		S
	AND AN ESTIMATED 9,410 TOTAL VIEWERS BASED ON PARTICIPANT SURVEYS	•	
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)		
40	Total program service expenses		
70		- QQ	0 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ٔ ا		
E	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 98-197 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		Х
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> </u>	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?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	-	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	<u> </u>	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	ľ	v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		$\frac{x}{x}$
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\pi}{X}$
14a b	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		Χ_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\longrightarrow	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	1	Х
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20~	complete Schedule G, Part III 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		
	11 190 to 110 2001 of 110 of games and 110 of 110 o		990 (2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or 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]		ļ
	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 25a	24a		<u>X</u>
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			3,7
	of any of these persons? If "Yes," complete Schedule L, Part III	27	:	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
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		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
	Schedule N, Part II	32	_	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
25-	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
Ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
36		36		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	NOTE: All 1 Ont 350 file 5 die 16quileu to complete concedie o			(2013)
		/ • • •	'	/

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14	<u> </u>	.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble 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,	1				
	filed for the calendar year ending with or within the year covered by this return	2a	39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	·	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
ь	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	Accou.	nts.			
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	action?	•	5b_		X
c	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 to	he orga	anızatıon 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 contribute	tions o	r gifts			
	were not tax deductible?			6b		t
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 se	rvices p	provided to the payor?	7a_		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		
	to file Form 8282?	1 1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>7</u> d		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		xt?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations of cars, airplanes, or other vehicles, did the organizations of cars, airplanes, or other vehicles, did the organizations of cars, airplanes, or other vehicles, did the organizations of cars, airplanes, or other vehicles, did the organizations of cars, airplanes, or other vehicles, did the organizations of cars, airplanes, or other vehicles, did the organizations of cars, airplanes, did the organization of cars, airplanes, did the organizatio			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	arry till	is during the year.			
	Did the organization make any taxable distributions under section 4966?			9a		
a h	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	,	1			
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c	L			***
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ie O		14b	000	(0040

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 or note to any line 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			
	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 4			
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		Х
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		X
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			
а	The governing body?	8a_	_X	
ь	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
Sec	tion 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		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	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		Х
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		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe]]		
	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?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		- 1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
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	ıvaılab	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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 finan	cıal	
	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 organiza	ion: 🟲		
	PETER BECKER - 630-724-2221			
	3025 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515-1291		000	

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

(A)	(B)	Docution						(D)	(E)	(F)
Name and Title	Average		do not check more than one lox, unless person is both an					Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	trustee or director				豆		organization	(W-2/1099-MISC)	from the
	related	Sign	nustex			pensa		(W-2/1099-MISC)		organization
	organizations	T) lar	onal		e e	15 B				and related
	l below	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GREGORY OSTERGREN	1.00								_	_
DIRECTOR		Х				<u> </u>		0.	0.	0.
(2) ROBERT A. DIMUCCIO	1.00				l					
DIRECTOR		X				<u> </u>		0.	0.	0.
(3) JEFFERY B. KUSCH	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(4) MICHAEL L. BROWNE	1.00									•
DIRECTOR		X			_	<u> </u>		0.	0.	0.
(5) BRUCE G. KELLEY	1.00									
CHAIRMAN OF BOARD OF DIREC		X				<u> </u>		0.	0.	0.
(6) JAMES KELLEHER	1.00									
VICE CHAIRMAN OF BOARD OF	1-00	X			_		_	0.	0.	0.
(7) DARWIN COPEMAN	1.00									•
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0.
(8) F.W. PURMORT III	1.00									•
DIRECTOR	1 00	X				<u> </u>		0.	0.	0.
(9) J. DOUGLAS ROBINSON	1.00)				_	0
DIRECTOR	1 00	X				├-		0.	0.	0.
(10) DAVID ELKINS	1.00	,,						_		^
DIRECTOR	26 00	X			<u> </u>	├-		0.	0.	0.
(11) THOMAS W. MALLIN	36.00			17				E22 622	^	77 116
PRESIDENT & CEO	26 00		_	X	_	<u> </u>		523,633.	0.	77,416.
(12) LEONARD E. MURPHY	36.00	'		v				251 025	0.	70 641
VP & GEN'L COUNSEL	26 00			X			_	251,925.		79,641.
(13) PAUL C. DISPENSA	36.00			v				207 101	0.	55 10 <i>1</i>
VP	26 00			X	_	├	_	207,181.		55,194.
(14) HUGH O. STRAWN	36.00			Х	ł			211,489.	0.	75,971.
VP & SECRETARY	36 00	 		Λ	 	\vdash	\vdash	211,409.	· · · · · ·	13,311.
(15) PETER B. BECKER	36.00		١,	X]			165,663.	0.	25,789.
TREASURER & VP	36.00	-	_	Λ		\vdash	-	103,003.		23,103.
(16) JEFFREY A. KERENSKY VP	30.00			Х				192,728.	0.	29,801.
(17) SCOTT T. POWELL	36.00				\vdash	-				
VP	30.00			X	1			173,460.	0.	45,091.
332007 10-29-13				<u> </u>		<u> </u>				Form 990 (2013)

Form 990 (2013)

Part VII Section A. Officers, Directors	(B)	لاويط	<u>- 669</u>		<u>и пі</u> С)	Brie	<u> </u>		l		Ι	15	
(A) Name and title	Average hours per week	box,	not c unle	Pos heck ss pe	ntion more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	an	(F) stimat nount other	of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	8	Кеу ептрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om tha anıza d rela anızat	ne tion ted
(18) ELIZABETH STERNE	36.00	<u>B</u>	Irst	Officer	Key		쥰	110 566					
						Х		113,566.		0.	3	3,4	82
						-							
						-	_						
						-							
									<u> </u>				
1b Sub-total						<u> </u>	 >	1,839,645.		0.	42	2,3	85.
c Total from continuation sheets to P	art VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including	but not limited to th	ose	liste	ed at	DOVE	 e) wh	no re	1,839,645.	0.000 of reportab	0 . le	42	2,3	85.
compensation from the organization											_ , _	Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule	,	ıstee	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		3		х
For any individual listed on line 1a, is and related organizations greater than	the sum of reportab								the organization		4	X	
5 Did any person listed on line 1a receiv	ve or accrue comper	nsatı	on f	rom	any	unr			dual for services	į.	-		
rendered to the organization? If "Yes, Section B. Independent Contractors	" complete Schedule	<u>e J fo</u>	or su	ıch j	pers	on					5		<u> </u>
1 Complete this table for your five higher										npens	ation f	rom	
the organization. Report compensation		ear e	endi	ng w	<u>/ith (</u>	<u>or w</u>	Itnin	the organization's tax (B)	year.		(C	;)	
Name and bus	siness address	70					\dashv	Description of s	ervices		Compe		n.
ROGER H. KING DBA RKM 3741 N. HASHKNIFE COUF			AZ_	85	574	19	_	A-V PRODUCTI	ON		17	6,8	70.
										_			
			_										
Total number of independent contract \$100,000 of compensation from the contract		ot lir	nite	d to	tho:	se lis [sted	above) who received m	ore than				
Tradica di Campandattori nom trio e											Form !	agn (2013

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 6	a Federated campaigns	1a					
e a	ı	b Membership dues	1b					
S, E		c Fundraising events	1c					
arit		d Related organizations	1d					
S, C		e Government grants (contribut						
PS		f All other contributions, gifts, gran	· -		1			
돌		similar amounts not included abor	1 1					
들이		Noncash contributions included in lines	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f						
			<u></u>	Business Code				
9	2 8	a ASSESSMENTS		900099	5,815,067.	5,815,067.		
اه ڲٙ	t	b CONFERENCES, CO	NVENTIO	900099	3,052,303.	3,052,303.		
S	(c DISTANCE LEARNI	NG MODU	900099	10,000.	10,000.		
e a		d PUBLICATIONS		900099	6,073.	6,073.		
Program Service Revenue	•	е						
<u>ت</u> ا	f	f All other program service reve	nue					
	ç	g Total. Add lines 2a-2f		•	8,883,443.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	332,940.			332,940.
}	4	Income from investment of tax	x-exempt bond p	roceeds				
1	5	Royalties		•				1
]		•	(ı) Real	(II) Personal				
	6 a	a Gross rents						
	Ł	b Less: rental expenses			1			
		c Rental income or (loss)		1	1			
		d Net rental income or (loss)		•	1			
		a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
		b Less: cost or other basis						
ĺ		and sales expenses		Ì				
		c Gain or (loss)						
- 1		d Net gain or (loss)		•	1			}
		a Gross income from fundraising	a events (not					
une	_	including \$	of]				
Other Reven		contributions reported on line	1c), See					
Ę.		Part IV, line 18	a					
ŧ.	ŀ	b Less: direct expenses	b					
0		c Net income or (loss) from fund	draising events	•] _
,		a Gross income from gaming ac						
		Part IV, line 19	а					
1	ı	b Less: direct expenses	b					
		c Net income or (loss) from gam	ing activities	•]			1
		a Gross sales of inventory, less						
		and allowances	а					
ļ		b Less: cost of goods sold	b]			
J		c Net income or (loss) from sale	s of inventory]]
		Miscellaneous Revenu		Business Code				
	11 6]	ĺ		L
ł		b						
		c						
		d All other revenue						
		e Total. Add lines 11a-11d		•				
	12_	Total revenue. See instructions		> _	9,216,383.	8,883,443.	0.	332,940.
33200 10-29								Form 990 (2013)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX	· · · · · · · · · · · · · · · · · · ·	
	not ınclude 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		-		
5	Compensation of current officers, directors,	2 146 027			
_	trustees, and key employees	2,146,037.	·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 407 225			
7	Other salaries and wages	2,407,225.			
8	Pension plan accruals and contributions (include	225 655			
_	section 401(k) and 403(b) employer contributions)	335,655. 303,237.			
9	Other employee benefits	266,279.			
10	Payroll taxes	200,279.			
11	Fees for services (non-employees):				
a	Management				
b	Legal	26,300.			
c	Accounting	20,300.			
d	Lobbying Professional fundrations continue See Part IV line 17			,	
e f	Professional fundraising services See Part IV, line 17 Investment management fees			£	
		-			
9	column (A) amount, list line 11g expenses on Sch O)	28,204.			
12	Advertising and promotion				
13	Office expenses	72,164.			
14	Information technology	453,359.	_ 		
15	Royalties		 		
16	Occupancy	373,777.			
17	Travel	16,664.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	i		}	_
19	Conferences, conventions, and meetings	1,611,979.			
20	Interest	42,346.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	266,700.			
23	Insurance	40,456.			····
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	CONTINUING EDUCATION	84,325.			
b	BOND PREMIUM AMORTIZATI	30,484.			
c	DUES & MEMBERSHIPS	12,232.			
d	LIBRARY & SUBSCRIPTIONS	3,466.			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,520,889.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ii		
	educational campaign and fundraising solicitation				
	Check here Inf following SOP 98-2 (ASC 958-720)			<u> </u>	<u> </u>

<u> Par</u>	<u> </u>	Balance Sneet					
		Check if Schedule O contains a response or no	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			5,736,332.	1	4,573,686
	2	Savings and temporary cash investments			234,370.	2	759,938
1	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,737,390.	4	3,590,331
	5	Loans and other receivables from current and for	rmer of	fficers, directors,			
		trustees, key employees, and highest compensations	ated em	nployees. Complete			
ĺ		Part II of Schedule L				_ 5	
l	6	Loans and other receivables from other disquali	fied per	rsons (as defined under			
- 1		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ខ្		employees' beneficiary organizations (see instr).	Compl	lete Part II of Sch L		_ 6	
Assets	7	Notes and loans receivable, net		_ 7			
< │	8	Inventories for sale or use				8	
ĺ	9	Prepaid expenses and deferred charges			177,054.	9	114,422
	10a	Land, buildings, and equipment: cost or other	1 1				
-		basis. Complete Part VI of Schedule D	10a	2,249,715. 1,796,074.			
	b	Less: accumulated depreciation	10b	1,796,074.	411,314.	10c	453,641 13,595,095
ļ	11	Investments - publicly traded securities			14,022,478.	_11	<u>13,595,095</u>
	12	Investments - other securities. See Part IV, line		12			
	13	Investments · program-related. See Part IV, line		_13			
ľ	14	Intangible assets		14_			
	15	Other assets See Part IV, line 11	592,704.	_15	702,382		
_	16_	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	23,911,642.	16	23,789,495
	17	Accounts payable and accrued expenses	97,024.	17	29 , 721		
l	18	Grants payable	7 000 050	18_	7 225 222		
	19	Deferred revenue			7,200,250.	_19	7,335,220
ł	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and former					
		key employees, highest compensated employee	s, and	disqualified persons.	001 000		_
Liabilities		Complete Part II of Schedule L			801,988.	22_	0
	23	Secured mortgages and notes payable to unrela		•		23	
	24	Unsecured notes and loans payable to unrelate	-			24	
- 1	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	550,543.	0=	661,487
		Schedule D			8,649,805.	25 26	8,026,428
	26	Total liabilities. Add lines 17 through 25		k here ▶ X and	0,049,003.	26	0,020,420
		Organizations that follow SFAS 117 (ASC 958		k here ► X and			
Se		complete lines 27 through 29, and lines 33 ar	d 34.		15,261,837.	27	15,763,067
	27	Unrestricted net assets		•	13,201,037.	28	13,703,007
8	28	Temporarily restricted net assets				29	
	29	Permanently restricted net assets	00.050	N abaak bara 🔊 🗀	 	29	
[Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
٥		and complete lines 30 through 34.				20	
ן מֶּנ	30	Capital stock or trust principal, or current funds		at fund		30 31	
2	31	Paid-in or capital surplus, or land, building, or ed				32	_
ivet Assets or Fund balances	32	Retained earnings, endowment, accumulated in	come, d	or other tunus	15,261,837.	33	15,763,067
-	33	Total net assets or fund balances			23,911,642.	34	23,789,495.
	34	Total liabilities and net assets/fund balances			2017111042.	J=+	Form 990 (2013

	•				
Form	1990 (2013) PROPERTY LOSS RESEARCH BUREAU	36-15	51 <u>6</u> 660	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,52		
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,26		
5	Net unrealized gains (losses) on investments	5	-19	4,2	<u>64.</u>
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			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15,76	3,0	<u>67.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	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	Ο.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	1
þ	•		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C		audit,		77	ł
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or guidite, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2013)

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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	ations: Complete Part III.		-	
	ne of organizatio			<u> </u>	Emple	oyer identification number
		PROPERI	Y LOSS RESEARCH	BUREAU		36-1516660
Pa	rt I-A Con	nplete if the or	ganization is exempt und	er section 501(c	or is a section 527 or	ganization.
				-		
1	Provide a desci	ription of the organi	zation's direct and indirect politica	al campaign activities	in Part IV.	
2	Political expend	ditures			▶\$	
3	Volunteer hours	s				
Pa	rt I-B Con	nplete if the or	ganization is exempt und	er section 501(c)(3).	
1			incurred by the organization und		▶\$	
2	Enter the amou	int of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organizat	ion incurred a section	on 4955 tax, did it file Form 4720 t	for this year?		Yes No
4 a	Was a correction	on made?				Yes No
<u>b</u>	if "Yes," descri	be ın Part IV.				
Pa	rt I-C Con	nplete if the or	ganization is exempt und	er section 501(c	, except section 501(c)(3).
1	Enter the amou	int directly expende	d by the filing organization for sec	ction 527 exempt fund	ction activities > \$	
2	Enter the amou	int of the filing organ	nization's funds contributed to oth	ner organizations for s	section 527	
	exempt functio	n activities			▶\$	
3	Total exempt fu	unction expenditure	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POI		
	line 17b				▶\$	
4	Did the filing or	ganızatıon file Form	1120-POL for this year?			Yes No
5			mployer identification number (EII			
			ation listed, enter the amount paid			
			romptly and directly delivered to a			e segregated fund or a
	political action	committee (PAC). If	additional space is needed, provi	· · · · · · · · · · · · · · · · · · ·		
	(a) N	lame	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
			ľ		Tanas: II Norio, cinci o	delivered to a separate
						political organization.
				 		ii none, enter -o
			<u> </u>			
				 		
				 		
				 		<u> </u>
				 	 	
			 	 		

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 PROPI	ERTY LO	SS RESEARCH	I BUREAU	36-	1516660 Page 2
Part II-A Complete if the organization					
(election under section 50	1(h)).				
A Check ▶ ☐ if the filing organization belo	ngs to an affi	liated group (and list ii	n Part IV each affiliated	group member's nar	ne, address, EIN.
expenses, and share of exce				J	,,,
B Check ▶ ☐ If the filing organization chec	, ,	•	ovisions apply.		
				(a) Filing	(b) Affiliated group
Limits on Lol (The term "expenditures" (- • -)	organization's totals	totals
1 a Total lobbying expenditures to influence pu	blic opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a le	-	-			
c Total lobbying expenditures (add lines 1a a	-	-, (,,,,,			1
d Other exempt purpose expenditures	,				
e Total exempt purpose expenditures (add lin	es 1c and 1c	4)			
f Lobbying nontaxable amount. Enter the am		•	th columns.	 	
if the amount on line 1e, column (a) or (b) is:		bying nontaxable am		71 111 (* ***) 111 (* ****) 1	100000
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000	1	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce	:SS OVER \$1,300,000.		
Over \$17,000,000	\$1,000,				
- Oracon at a catavable amount (aster 050)	-f line 16				
g Grassroots nontaxable amount (enter 25%	•				
h Subtract line 1g from line 1a. If zero or less,					
i Subtract line 1f from line 1c. If zero or less,		le e de del de la compansión			
j If there is an amount other than zero on eith	er line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?	4.34		0 - 4 - 504(1)		Yes No
(Some organizations th		eraging Period Under		late all of the five	
			es 2a through 2f on pa		
		nditures During 4-Yea			
	by mg Expe	lonares barring 4 rea	Trioraging Choc		
Calendar year (or fiscal year beginning in)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					<u> </u>

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 PROPERTY LOSS RESEARCH BUREAU 36-151666 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	(6	a)	(t	o)
of the lobbying activity.	Yes	No	Amo	ount
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: a Volunteers?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?	ļ —			
e Publications, or published or broadcast statements?	<u> </u>			
f Grants to other organizations for lobbying purposes?	<u> </u>	<u> </u>		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		777 1771 17		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members		1		
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).				
a Current year		2a_		
b Carryover from last year		2b		
c 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		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	p list); Part II	·A, line 2; a	nd Part II-B	, line 1.
Also, complete this part for any additional information.				
				

ACHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

,	PROPERTY LOSS RESEARC		36-1516660
Pa	t I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or .	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writin	g that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization	ation answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (e.g., recreation or educa	tion) Preservation of an historical	ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structur	e included in (a)	2c
	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	nt is located ►	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold	s?	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 enforce	cing conservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	sements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the o	rganization's accounting for
	conservation easements.		
Pai	t 間 Organizations Maintaining Collections of Art		^r Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		
	historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t		
þ	If the organization elected, as permitted under SFAS 116 (ASC 95		
	treasures, or other similar assets held for public exhibition, educat	ion, or research in furtherance of public s	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 treasure		, provide
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 PROPERT	Y LOSS RES	EARC	H BURE	EAU			36-15	16660	0 р	age 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Other	Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi (check all that apply):										s
а	Public exhibition	d		Loan or exc	hange progra	ams					
ь											
С	c Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
	to be sold to raise funds rather than to be ma								Yes		No
Pai	Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple				Yes" to Fo	orm 990	, Part IV,			
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	ns or other as	sets not in	cluded				
	on Form 990, Part X?		•						Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
		-							Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
e	e Distributions during the year										-
f Ending balance											
2a	2a Did the organization include an amount on Form 990, Part X, line 21?							No			
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII							<u>ו</u>			
Par											
		(a) Current year		rior year	(c) Two year		Three v	ears back	(e) Four	vears	back
1a	Beginning of year balance										
ь	Contributions										
c	c Net investment earnings, gains, and losses										
d	d Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses		_								
g	End of year balance										
2	Provide the estimated percentage of the curi	rent vear end balanc	e (line 1	a. column (a	a)) held as:						
а	Board designated or quasi-endowment	,	%	•	,,						
ь	Permanent endowment ▶	%	_								
c	Temporarily restricted endowment ▶	<u></u> %									
	The percentages in lines 2a, 2b, and 2c shou										
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by:								ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
L	Complete if the organization answere		. Part IV	', line 11a. S	ee Form 990.	Part X, lin	e 10.				
	Description of property	(a) Cost or o			or other	(c) Acc		ed	(d) Book	valu	
	bescription of property	basis (investr			(other)		ciation		(-,		=
12	Land		<u></u>			-,,				_	
	Buildings									_	
~	Leasehold improvements			14	5,603.	9	7,8	01.	47	7,8	02.
d	Equipment				2,989.		37,2		85	7	61.
	Other				1,123.	1,41					78.
	Add lines to through to (Column (d) must e	gual Form 000 Part	Y colu					D		3.6	

Schedule D (Form 990) 2013

Part VIII Investments - Other Securities.			5	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV (b) Book value			d-of-year market value
(1) Financial derivatives	(D) DOOK VAIDE	(c) mailion of v	and allower to the control of the	or year market value
(2) Closely-held equity interests				
(3) Other				 .
(A)				
(B)				
(C)				
(D)	 			
(E)	 -			
(F)				·· -
(G)				
(H)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	<u> </u>			
(6)				<u> </u>
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"		, line 11d. See Form 990, F	Part X, line 15.	(h) D l
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u> </u>
(7)			 _	
(8)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	2 15)		•	
Part X Other Liabilities.	5 13 /			
Complete if the organization answered "Yes"	to Form 990. Part IV	. line 11e or 11f. See Form	990. Part X. line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CURRENT PORTION OF DEFERR	ED RENT			
(3) CREDIT		5,049.		
(4) LONG TERM DEFERRED RENT C	REDIT	18,933.	1	
(5) DEFERRED COMPENSATION LIA		637,505.		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∋ 25.) ▶	661,487.		·

2. Liability for uncertain tax positions. 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

Schedule D (Form 990) 2013

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE TAX EFFECT FROM AN UNCERTAIN TAX POSITION IS RECOGNIZED

IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT

TO BE SUSTAINED ON AUDIT, BASED UPON THE TECHNICAL MERITS OF THE POSITION.

FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE AMOUNT

RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A

GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. AT THE ADOPTION DATE, THE

BUREAU APPLIED THE ACCOUNTING STANDARD TO ALL TAX POSITIONS FOR WHICH THE

STATUE OF LIMITATIONS REMAINED OPEN AND THERE WAS NO MATERIAL EFFECT ON

THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2013	PROPERTY LOSS RESEARCH BUREAU	36-1516660 Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental Inform	mation (continued)	
PART XII, LINE 2D -		
NET UNREALIZED LOSS	ON INVESTMENTS	
		
_		

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

ZUT3
Open to Public

Inspection

Internal Revenue Service

Name of the organization

Part | Questions Regarding Compensation

Department of the Treasury

PROPERTY LOSS RESEARCH BUREAU

Employer identification number

36-1516660

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. Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees	Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	16	
First-class or charter travel Travel for companions Tax indemnification and gross-up payments Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees	16	
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees	16	
Tax indemnification and gross-up payments Health or social club dues or initiation fees	1b	
	1b	
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1Ь	
	1Ь	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1ь	1
		1
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	•	-
	2	1
trustees, and officers, including the occurred billion, regarding the terms officers in line for	-	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1
establish compensation of the CEO/Executive Director, but explain in Part III.		
X Compensation committee X Written employment contract		
X Independent compensation consultant X Compensation survey or study		
Form 990 of other organizations X Approval by the board or compensation committee		
Form 990 of other organizations		
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:		1
	4a	x
	4b	X
	4c	$\frac{1}{X}$
If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	***	1
11 165 to any or mies 420, list the persons and provide the applicable amounts for each from the art mi		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the net earnings of:		
a The organization?	6a	┷
b Any related organization?	6b	<u> </u>
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		
	7	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
•	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
	9	<u> </u>

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

Schedule J (Form 990) 2013

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	V-2 and/or 1099-MIS	and/or 1099-MISC 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	other deferred compensation		(B)(0-(D)	reported as deferred in prior Form 990
(1) THOMAS W. MALLIN	€	368,825.	112,148.	42,660.	37,740.	39,676.	601,049.	0
PRESIDENT & CEO		0	0	0	0	0	·l	0
(2) LEONARD B. MURPHY	ε	200,840.	40,168.	10,917.	35,669.	43,972.	331,566.	0
VP & GEN'L COUNSEL	(E)	0	0		0.	0	0	0
(3) PAUL C. DISPENSA	Ξ	156,320.	32,514.	18,347.	27,762.	27,432.	262,375.	0
VP	3		ıı		0			0
(4) HUGH O. STRAWN	(3)	159,930.	33,236.	18,323.	28,404.	47,567.	287,460.	0
VP & SECRETARY	(ii)			0		0		0
(5) PETER B. BECKER	(1)	137,850.	27,570.	243.	24,482.	1,307.	191,452.	0
TREASURER & VP	(E)	0		0	0	0	0	0
(6) JEFFREY A, KERENSKY	(6)	160,440.	32,088.	200.	28,494.	1,307.	222,529.	0
VP	(ii)	0	0	0	0	0	0	0
(7) SCOTT I. POWELL	€	143,93	28,786.	744.	25,562.	19,529.	218,551.	0
VP	Ξ	0	• 0	0.	0.	0	0	0
	8							
	▣							
	8							
	8							
	8							
	€							
	8							
	€							
	€							
	€							
	8							
	€							
	Ξ							
	Ξ							
	9							
	€							
	Ξ							
	Θ							

Schedule J (Form 990) 2013

23

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization							Em	ploye	rident	ificati	on nu	mber
	ROPERTY						36	-15	166	60		
Part I Excess Bene	fit Transacti	ons (section 50	01(c)(3) and	section 501(c)(4) org	anizations only).						
Complete if the o	rganization ansv	vered "Yes" on	Form 9	90, P	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V,	line 40) <u>ь.</u>			
(a) Name of disqualified person person and organization (c) Description of transaction							(d)	(d) Corrected?				
		person and or	ganiza							Y	es	No
	_									-		
					_					+		
	— —									+-	+	
				_						+		
											_	_
2 Enter the amount of tax in	ncurred by the o	rganization man	agers	or disc	qualified persons dui	ring the year under						
section 4958	-							▶ \$				
3 Enter the amount of tax, I	f any, on line 2,	above, reimburs	ed by	the or	ganization			▶ \$				
THE 12 CO. 1												
Part II Loans to and												
·	-				, Part V, line 38a or F	Form 990, Part IV, lin	e 26;	or if th	e orga	ınızatı	on	
reported an amou		·	1	2. an to or	430			-	(h) Ap	oroved	45.14	
(a) Name of Interested person	(b) Relationship with organization	(c) Purpose of loan	from	the	(e) Original principal amount	(f) Balance due	(9) defa	In ult?		ard or	1.7 **	ritten ment?
				From	P		Yes	No	Yes	No	Yes	No
AMICA MUTUAL IN			X		1,000,000.	0.	163	X	X	140	X	140
AUSTIN MUTUTAL			X		1,000,000.	0.		Х	Х		X	
CENTRAL MUTUAL			X		1,000,000.	0.		Х	Х		X	
EMPLOYERS MUTUA			X		1,000,000.	0.		X	X		X	
JEWELERS MUTUAL			X		1,000,000.	0.		Х	Х		X	
LIBERTY MUTUAL		- <u>-</u> -	Х		1,000,000.	0.		X	Х		_X	
	ļ. <u>-</u>		<u> </u>	ļ								
							٠		ļ	-	L	
										_		-
Tatal	L	L	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	<u> </u>	-	L	 	L	-	Ь
Part III Grants or Ass	sistance Ber	nefitina Inter	reste	d Pe					<u> </u>		<u> </u>	
Complete if the o		~										

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

Schedule L (Form 990 or 990-EZ) 2013

(e) Purpose of

assistance

SEE PART V FOR CONTINUATIONS

(b) Relationship between

interested person and the organization

(a) Name of interested person

(c) Amount of

assistance

(d) Type of

assistance

(a) Name of interested perso		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's
					Yes	No
	<u> </u>				-	
					-	
					<u> </u>	
					 	
Part V Supplemental Inform		<u> </u>			·	
Provide additional informa	tion for resp	onses to questions on Schedule L (see i	nstructions)			
SCHEDULE L, PART II,	LOANS	TO AND FROM INTERES	STED PERSON	is:		
(A) NAME OF DERSON.	ΔΜΤΩΔ	MUTUAL INSURANCE				
(A) NAME OF PERSON:	MIICA	MOTORI INDURANCE				
(A) NAME OF PERSON:	AUSTIN	MUTUTAL INSURANCE				
			-			
(A) NAME OF PERSON:	CENTRA	AL MUTUAL INSURANCE				
(1) 111/2 OF PEDGOV	EVDT OI	ADDO MUMURI ORGURI MV				
(A) NAME OF PERSON:	EMPLOY	ERS MUTUAL CASUALTY				
				·		
(A) NAME OF PERSON:	JEWELE	ERS MUTUAL INSURANCE				
<u> </u>						_
						
(A) NAME OF PERSON:	LIBERT	Y MUTUAL INSURANCE				
					_	
SCHEDULE L, PART II						
THE SIX INSURANCE CO	MPANIE	ES IDENTIFIED IN THIS	SCHEDULE	ARE THE SOI	E	
VOTINGS MEMBERS OF	HE BUF	REAU.				
EACH VOTING MEMBER (OMPANY	IDENTIFIES AN INDIV	OHW LAUDIN	ACTS AS A		
REPRESENTATIVE OF THE	TAT COM	APANY. THIS INDIVIDU	JAI, IS NAME	ED AS A MEME	BER	
OF THE BOARD OF DIRI	CTORS	OF THE BUREAU AS A I		A PROCESS chedule L (Form 990	0r 000 F	7) 204
332132			3	Cirednie F (Louin 980	OI 980-E	.a., 201

Schedule L (Form 990 or 990-EZ) PROPERTY LOSS RESEARCH BUREAU	36-1516660 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (see instr	uctions).
ESTABLISHED IN THE BUREAU'S BYLAWS. THE SIX NAMED REPRESE	NTATIVES ARE
GIVEN FURTHER AUTHORITY TO NAME THE REMAINING FIVE MEMBERS	OF THE
BUREAU'S BOARD OF DIRECTORS.	
THE VOTING MEMBER COMPANIES HAVE BEEN IDENTIFIED AS INTERES	STED PARTIES
FOR THE PURPOSES OF SCHEDULE L PART II DUE TO THEIR DIRECT	INVOLVEMENT
WITH THE NAMING OF THE BUREAU'S BOARD OF DIRECTORS.	
THESE VOTING MEMBER COMPANIES ADVANCED LOANS TO THE BUREAU	IN 2003, AND
BALANCES OF THESE LOANS WERE PAID IN FULL DURING 2013. TH	ESE LOANS ARE
LISTED IN SCHEDULE L PART II AS BEING RECEIVED FROM INTERES	STED PARTIES.
THE PURPOSE OF THE SIX LOANS LISTED IN THIS SECTION WERE TO	O FUND A
GRANT MADE TO THE ALLIANCE OF AMERICAN INSURERS IN 2004.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-FZ) and its instructions is to the use or good form 990

Open to Public Inspection

Name of the organization PROPERTY LOSS RESEARCH BUREAU	Employer identification number 36-1516660
FORM 990, PART I, DOING BUSINESS AS:	
FOR D/B/A - SEE SCHEDULE O	
PROPERTY AND LIABILITY RESOURCE BUREAU	
FROM 990, PART I, LINE 1	
EXPLANATION: OUR PURPOSE IS TO OFFER OUR MEMBERS THOSE I	PRODUCTS AND
SERVICES MORE EFFICIENTLY OR ECONOMICALLY THAN THEY CAN	GENERATE FOR
THEMSELVES. SPECIFIC EXAMPLES ARE DESCRIBED IN DETAIL IN	N PART III, LINE
1.	
FORM 990, PART III, LINE 1	
EXPLANATION: IN THE TRUE SENSE OF A TRADE ASSOCIATION, O	OUR PURPOSE IS
TO OFFER OUR MEMBERS THOSE PRODUCTS AND SERVICES THAT WE	E CAN PROVIDE
MORE EFFICIENTLY OR ECONOMICALLY THAN THEY CAN GENERATE	FOR THEMSELVES.
MORE SPECIFICALLY, THE PROPERTY LOSS RESEARCH BUREAU STR	RIVES TO:
1. ACHIEVE AND MAINTAIN THE HIGHEST LEVELS OF COMPETENCE	E AMONG THOSE
REPRESENTING MEMBER INSURERS IN THE ADJUSTMENT OF INSURA	ANCE CLAIMS.
2. REDUCE MEMBERS' LEGAL COSTS BY PROVIDING RESEARCH AND	O ANALYSIS OF
CLAIMS COVERAGE ISSUES.	
3. PROMOTE CLARITY IN, AND UNDERSTANDING OF, INSURANCE I	POLICY LANGUAGE.
4. BE THE INDUSTRY LEADER IN THE DESIGN OF INNOVATIVE AN	ND EFFICIENT
CLAIMS ADJUSTING PRACTICES.	
5. INCREASE MEMBER EMPLOYEE PRODUCTIVITY AND HELP REDUCE	E INDIVIDUAL
TRAINING COSTS THROUGH THE DESIGN AND DELIVERY OF EFFECT	TIVE, GENERIC
TRAINING PROGRAMS.	

6. CONTRIBUTE TO THE INDUSTRY'S CLAIMS RESPONSE, ASSIST AND EDUCATE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization PROPERTY LOSS RESEARCH BUREAU

Employer identification number 36-151660

MEMBERS' CATASTROPHE CLAIMS PERSONNEL, AND AID CATASTROPHE VICTIMS
THROUGH PUBLIC INFORMATION.

7. COOPERATE WITH OTHER PROPERTY CASUALTY INDUSTRY GROUPS,

ASSOCIATIONS, AND OTHERS IN THEIR EFFORTS TO ENHANCE THE KNOWLEDGE AND

PROFESSIONALISM OF THE INDUSTRY AND ITS SERVICE TO THE PUBLIC.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: THE SIGNIFICANT PROGRAM SERVICE UNDERTAKEN IN 2013 NOT

LISTED ON A PREVIOUS FORM 990 IS DESCRIBED IN DETAIL IN PART III LINE

4D AND IS REFERENCED AS BUILDING CODE SERVICES DEPARTMENT.

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 ANALYSIS OF THESE CASES

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

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 ELECTORNIC 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

ELECTRONIC BULLETINS IS 29,646 INDIVIDUAL RECIPIENTS.

BUILDING CODE SERVICES DEPARTMENT - A NEW SERVICES AREA INVOLVING THE

EFFECT OF BUILDING CODE COMPLIANCE ON COMMERCIAL CLAIMS HANDLING WAS

CREATED IN 2013 AND STAFFED BY SOMEONE HAVING EXTENSIVE CAREER

EXPERIENCE IN THE BUILDING CODE COMPLIANCE AND ENFORCEMENT AREA OF

09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

4. OFFERING HIGH-LEVEL INDIVIDUALIZED CONSULTING SERVICES ON BUILDING

CODE ISSUES ARISING IN PARTICULAR COMMERCIAL PROPERTY CLAIMS SCENARIOS,

MUCH AS THE PROPERTY LEGAL STAFF PROVIDES SUCH INDIVIDUALIZED RESEARCH

ON POLICY COVERAGE ISSUES. THIS SERVICE INVOLVES COMMUNICATION WITH

OFFICIALS AT THE RELEVANT CODE MAKING / ENFORCING AUTHORITIES.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: PROPERTY LOSS RESEARCH BUREAU IS A MEMBERSHIP ORGANIZATION AND HAS 6 INSTITUTIONAL VOTING MEMBERS, AS PROVIDED IN ITS BYLAWS.

PROPERTY LOSS RESEARCH BUREAU

Employer identification number 36-1516660

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: 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:

EXPLANATION: UNDER THE BYLAWS, NO ACTION OF THE BOARD OF DIRECTORS AMENDING
THE BYLAWS OR ARTICLES OF INCORPORATION, 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:

EXPLANATION: 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 2013 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:

EXPLANATION: 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,

09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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:

EXPLANATION: THE EXECUTIVE/COMPENSATION COMMITTEE OF THE PROPERTY LOSS RESEARCH BUREAU (PLRB) BOARD OF DIRECTORS REVIEWS THE PRESIDENT'S WRITTEN PERFORMANCE EVALUATIONS AND ANNUAL SALARY INCREASE AND INCENTIVE COMPENSATION RECOMMENDATIONS FOR EACH OF PLRB'S VPS AND AVPS. EXECUTIVE/COMPENSATION COMMITTEE ALSO REVIEWS THE PRESIDENT'S PERFORMANCE ANNUALLY AND INDEPENDENTLY DETERMINES THE PRESIDENT'S ANNUAL SALARY INCREASE AND INCENTIVE COMPENSATION AWARD. THIS PROCESS IF UNDERTAKEN PURSUANT TO A BOARD-APPROVED PLRB PERFORMANCE EVALUATION AND SALARY ADMINISTRATION PROGRAM WHICH INCLUDES A PERFORMANCE-BASED SALARY ADJUSTMENT THIS PROGRAM WAS ADOPTED BY THE BOARD AFTER IT WAS DEVELOPED GUIDE MATRIX. BY AN INDEPENDENT COMPENSATION CONSULTANT. THAT COMPENSATION CONSULTANT ANNUALLY OFFERS RECOMMENDATIONS FOR UPDATING THE PLRB SALARY STRUCTURE AND APPLYING THE PERFORMANCE-BASED SALARY ADJUSTMENT GUIDE MATRIX, WHICH RECOMMENDATIONS ARE REVIEWED AND ADOPTED OR MODIFIED BY ACTION OF THE EXECUTIVE/COMPENSATION COMMITTEE AND THE PLRB BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C

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