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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 private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Tax vear beginning DEC 1, 2014 and ending NOV 30, A For the 2014 calendar year, or tax year beginning DEC 1,

В	Check if applicable	C Name of organization	D Employer identific	cation number
	⊐Addres			
⊨	change Name		<b>⊢</b> /2-1	161003
$\vdash$	lchange	Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Room/su		·
	return _Final_,	700 WALNUT STREET 1600		283-3100
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	704,198.
	Amend		H(a) Is this a group re	
	Applica	F Name and address of principal officer: PAULA S. DIERENFELD	for subordinates	
	pendin	7 700 WALNUT, SUITE 1600, DES MOINES, IA 50	30 H(b) Are all subordinates in	ncluded? Yes No
		improtection and the control of the	527 If "No," attach a	list. (see instructions)
J	Website	e: ▶ N/A	H(c) Group exemptio	
			ear of formation: 1970 N	State of legal domicile: IA
Ŗ		Summary	THE COOKER 33	<u> </u>
æ	1 1	Briefly describe the organization's mission or most significant activities: <b>ENHANCE</b> ' JNDERSTANDING OF THE INSURANCE AND FINANCIAL	THE GROWTH AN	U TICMD T TIC
Activities & Governance				
Ver		Check this box  if the organization discontinued its operations or disposed of m		ssets.
Ĝ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	3	19
<b>න්</b> ග		Fotal number of individuals employed in calendar year 2014 (Part V, line 13)	5	0
Ë		Total number of volunteers (estimate if necessary)	. 6	0
cţi	72	Total unrelated business revenue from Part VIII, column (C), line ECEIVED	7a	0.
Ğ	, b i	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
0	8 (	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	438,750.	704,000.
Ĭ	9 F	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10		2001	198.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and DEN, UT	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	439,236.	704,198.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	l.	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)	0.	
ă	_b		399,773.	394,728.
_	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	399,773.	394,728.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	39,463.	309,470.
<u> </u>		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Ssets or	20 -	Fotal assets (Part X, line 16)	511,358.	820,828.
Ass	21	Fotal liabilities (Part X, line 26)	0.	0.
Net As	22	Net assets or fund balances. Subtract line 21 from line 20	511,358.	820,828.
P	ārtilli	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
tru	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Samu 8h X	Date 7	16
Sig	ın	Signature of officer	Date /	
He	re	PAULA S. DIERENFELD, EXECUTIVE DIRECTOR Type or print name and title		<del></del>
			Date   Check	PTIN
De	.	Print/Type preparer's name  DWAYNE VANDE KROL	7/13/2916 If self-employ	P01210738
Pa	parer	DWAYNE VANDE KROL  Firm's name NYEMASTER GOODE, P.C.	Firm's EIN	42-1154516
	e Only	Firm's address 700 WALNUT, SUITE 1600	I IIIII S LIIV	
	· • • • • • • • • • • • • • • • • • • •	DES MOINES 50309-3899	Phone no. (5	15)283-3100
Ma	v the IC	S discuss this return with the preparer shown above? (see instructions)		X Yes No
		7-14 I HA For Panerwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2014)

Pa	tiV 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 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	1	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	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
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		х
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,	Will Sancial	A. POLICE	· Secretaria
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	]	Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	l
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

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20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV	Ch	ecklist	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			
	domestic government 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 or other assistance to or for domestic individuals 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			l
	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	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), 501(c)(4), and 501(c)(29) 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		-
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		
oe.	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<del>                                     </del>
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	84.74g		~ 367 °
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a	1794A (s. +43)	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
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		<sub>w</sub>
	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	١.,		x
	Part V, line 1	34	<del> </del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	٣		<del>                                     </del>
O,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_ <b>_</b>	Note. All Form 990 filers are required to complete Schedule O	38	х	
	The state of the s		990	(2014
				··

`	PEDEDAMION OF TOWN INCIDEDS 42 1161	002	_	
-	990 (2014) FEDERATION OF IOWA INSURERS 42-1161  My Statements Regarding Other IRS Filings and Tax Compliance	.003	<u> </u>	age 5
14.Q.	Check if Schedule O contains a response or note to any line in this Part V			
	Oneck i Schedule O contains a response of note to any line in this ract v	<del></del>	١,,	<del>                                     </del>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	esternos.	Yes	No
-	The state of the s			
b,	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Lib U		40 e.A.	
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	A Section	***	Marie Sale
0-	(gambling) winnings to prize winners?	1c	100	#600es2
Zą	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.			
L	The till the calculating with a straining with a strainin	- Service		A 2 102
Q	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	的模型	1,7,4,8
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		A.W.	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		┝╧╌
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	<del> </del>	₩
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١	ļ	X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	3477	A
D	If "Yes," enter the name of the foreign country:			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	*******		X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	-	<del>  ^</del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		┢
Ođ	any contributions that were not tax deductible as charitable contributions?	6a	х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
v	were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).		J.	BASES.
a	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?			SERVE
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
_	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del></del> -		
·	to file Form 8282?	7c	Ì	
н	If "Yes," indicate the number of Forms 8282 filed during the year			EWK:
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	LPELEN	Service Services
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		一
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			183
_	sponsoring organization have excess business holdings at any time during the year?	8	774712621284	manus a
9	Sponsoring organizations maintaining donor advised funds.	V 4.1 2 1	A	13.8.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Zimbe a	Mark Sunt
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	<b>100</b>	J.	1600
а	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			1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
	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 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	in the second		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	<b>企業</b>	<b>MASS</b>

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 Schedu

			CULTURE THE	<b>作业等</b> 57	Art Sand
			13a	i	
	13b	 <b></b> ,			
1	13c		1	<b>美</b>	が
			14a		X
10	e O		14h		

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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				
<u>Sec</u>	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	1a_	1	9		AND A				
	If there are material differences in voting rights among members of the governing body, or if the governing	[		1000						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_			50 319 196 ar 2				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	<u>9</u>						
2	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?									
3	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 9		s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or		l					
	more members of the governing body?		•	7a	X	<u> </u>				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or							
	persons other than the governing body?			7b	X	1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	19.00		域的				
а	The governing body?			8a	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the	J	]					
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		au u c o	10b	Х	<del> </del>				
_	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	re filing the form?	11a		out the contract of				
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		Histor	12a	X	-				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	_	├				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	escribe	1	x					
40	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?	. 1 1 1		14	A 360	Ante.				
15	Did the process for determining compensation of the following persons include a review and approve		naepenaent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2.44	X	196				
	The organization's CEO, Executive Director, or top management official		•	15a		X				
D	Other officers or key employees of the organization	•		15b	A 100					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule 0 (see instructions).	t	vitla a							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent V	viu i a	16a	NO PAR	X				
<b>L</b>	taxable entity during the year?	to ito :	anticipation	108	3.00	-100				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.			***						
	exempt status with respect to such arrangements?	IIIZalio	115	16b	1967 I 198	180850				
Sec	tion C. Disclosure			100	L	L				
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 990-1	(Sect	ion 501(c)(3)s only	Λ availat	nle					
	for public inspection. Indicate how you made these available. Check all that apply.	,000		, arandi						
	Own website Another's website W Upon request Other (explain	in Sci	hedule (O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	nd finar	ncial					
10	statements available to the public during the tax year.	annot (	zi interest policy, a	u midi	.Jai					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:							
	PAULA S. DIERENFELD - 515-283-3100	J.13 UI								
		09-	3899							
432006	11-07-14			Forn	1990	(2014)				

### Part VII 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 Section A.

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	cor	npe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)	1		((	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	(do	not c	POSI heck	ntion more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unie:	ss pe	rson	s bot or/trus	h an	compensation	compensation	amount of
	week (list any	Η-						from the	from related organizations	other compensation
	hours for	gued				Ļ		organization	(W-2/1099-MISC)	from the
	related	TO aa	ste			nsate		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	organizations	Ena	ᄪ		oyee	Ē.				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	шeг			organizations
	line)	Ē	<u>E</u>	₩	Ke	풀통	횬			
(1) BRANNEN, JAMES	2.00	٠,		٠,				0.	0.	^
PRESIDENT	2 00	X	$\vdash$	Х	_			0.	0.	0.
(2) RUSSELL, JEFF	2.00	<b>.</b> ,		٠,					0.	^
VICE PRESIDENT	2 00	X		X	<b> </b>	┝		0.	<u> </u>	0.
(3) TRESNAK, MARY	2.00	<b>.</b> ,						0.	0.	_
SECRETARY/TREASURER	2.00	X	-	Х	┝	H		0.	0.	0.
(4) WARD, JACKIE	2.00	х		l	İ			0.	0.	0.
DIRECTOR	2.00	^	$\vdash$	├	_		_	0.	· · ·	0.
(5) VOSS, SUSAN	2.00	х						0.	0.	0.
(6) ROWEN, VERN	2.00	^	├	<del> </del>	-	⊢	_	0.	- 0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(7) BUCKINGHAM, BOB	2.00	₽	<del> </del>	H	-	$\vdash$	_	•	- 0.	0.
DIRECTOR	2.00	x				İ		0.	0.	0.
(8) CLAYPOOL, MEGAN	2.00	<u> </u>	_	H				-		0.
DIRECTOR	2.00	x					ŀ	0.	0.	0.
(9) MARHOUN, ERIC	2.00	<u> </u>			┝╌	╁╴	├			
DIRECTOR		x						0.	0.	0.
(10) HENDERSON, MAUREEN	2.00				$\vdash$	t	_			
DIRECTOR		x						0.	ο.	0.
(11) BYRNE, BETH	2.00	Г	_							· · · · · · · · · · · · · · · · · · ·
DIRECTOR	<u> </u>	x				1		0.	0.	0.
(12) MCADAMS, SCOTT	2.00					$\Box$		<del></del>	-	
DIRECTOR		x						0.	0.	0.
(13) LANG, STEVE	2.00				Г					
DIRECTOR		X			ŀ			0.	0.	0.
(14) MARDIS, BRENT	2.00									
DIRECTOR		X						0.	0.	0.
(15) PEDERSON, MERLE	2.00									
DIRECTOR		X	L		L	乚		0.	0.	0.
(16) MONTANARO, MARIA	2.00									
DIRECTOR		X				L		0.	0.	0.
(17) STORK, FRANK	2.00							_	_	_
DIRECTOR		X	l	l		ı	I	0.	0.	0.

432007 11-07-14

Form 990 (2014)

(A) Name and business address	(B) Description of services	(C) Compensation
NYEMASTER GOODE P.C., 700 WALNUT, SUITE 1600, DES MOINES, IA 50309	LEGAL, ADMINISTRATIVE, TAX	376,683.
·		
Total number of independent contractors (including but not limited to those lis	sted above) who received more than	

Form 990 (2014)

\$100,000 of compensation from the organization

Form 990 (2014)

∗ <b>P</b> ,a	idi)	(III	223					-		
in this could	3503	e) ex	Check if Schedule O cont	tains a re	sponse	or note to any li	ne ın this Part VIII (A)	· · /B\	· (6)	
							Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Grants	1	а	Federated campaigns		1a					The state of the s
is, Grants Amounts		b	Membership dues		1b	704,000.				
		C	Fundraising events		1c	- <del></del>				le de la lac
텵		d	Related organizations		1d					
as,		е	Government grants (contribut		1e					
e ii		f	All other contributions, gifts, gran							
들은	ļ		similar amounts not included abo		1f					
Contributions, Gifts, and Other Similar A	ł	g		1a-1f \$			7.04	4		
<u>0 a</u>	⊢	h	Total. Add lines 1a-1f	·		<u> </u>	704,000.			
•	٦	_				Business Code				
Š	2	a b					<del></del>	<u> </u>		<del> </del>
Ser		~					<u> </u>			
ΕŽ		a	<del></del>			·		<u></u>		
Program Service Revenue		e					· · · ·			
Ţ		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f		•			W 10 - 1 - 10 - 15	學學的學學	WING HOLDE
	3		Investment income (including	dividend	ds, inter	est, and				
			other similar amounts)	_		<b>•</b>	198.	198.		
	4		Income from investment of ta	x-exemp	t bond p	oroceeds <b>&gt;</b>				
	5		Royalties							
				(i) F	Real	(ii) Personal				STATE OF STA
	6		Gross rents							
			Less rental expenses							# 12 C
			Rental income or (loss)			<u> </u>				
	_		Net rental income or (loss)			<u> </u>			ZAL VOCANIA SERVICA AL PAL	and the Complete with the St. The
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				6 T. C. T.
		<u>.</u>	assets other than inventory							
		D	Less: cost or other basis and sales expenses							
		_	Gain or (loss)	<del>                                     </del>						
			Net gain or (loss)			<u> </u>				A SECTION OF THE PROPERTY OF
	8		Gross income from fundraisin	a events	(not				***************************************	
enne			including \$	g - · · · · · · ·	•					TOTAL COLUMN
			contributions reported on line	_						
本			Part IV, line 18	•	а					
Other Re		b	Less: direct expenses .	-	b					
			Net income or (loss) from fund	_		<b>&gt;</b>				
	9	а	Gross income from gaming ac	tivities. S	See	1		Taren in		
		_	Part IV, line 19		а					
			Less: direct expenses		b		5			
			Net income or (loss) from gam		rities .			Maria Cara Cara Cara Cara Cara Cara Cara	SECTION DESCRIPTION OF THE	Version Ph. Nobles
	טו	а	Gross sales of inventory, less and allowances	returns	_					
		h	Less: cost of goods sold		a b					
			Net income or (loss) from sale	e of inve	_					
		Ŭ	Miscellaneous Revenu		ittory	Business Code				
	11	a	Joonanoodo novenu				CONTRACTOR ASSESSMENT OF THE CONTRACTOR OF THE C			
		b								
		Ç								
		đ	All other revenue							
		е	Total. Add lines 11a-11d			<u> </u>				The state of the s
70000	12		Total revenue. See instructions.			<u> </u>	704,198.	198.	0.	0.
43200 11-07	-14									Form <b>990</b> (2014)

### Part X Statement of Functional Expenses

Secu	ion 50 (c)(3) and 50 (c)(4) organizations must com			ompiete column (A).	<del></del>
	Check if Schedule O contains a respon			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			AND A STATE	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			The State of the last	Contract and a second
	individuals. See Part IV, line 22			A CONTRACTOR OF THE SECOND	
3	Grants and other assistance to foreign				20 may 10 ma
·	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	•	-			
4	Benefits paid to or for members				ARRIVER RECEIVED
5	Compensation of current officers, directors,			i	
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	229,167.			
b	Legal	1,683.			
C	Accounting	680.			
ď	Lobbying	146,503.		· · · · · · · · · · · · · · · · · · ·	
_	Professional fundraising services. See Part IV, line 17	-	4	A very house of the	
f	Investment management fees		A STATE OF THE PARTY OF THE PAR	STORES OF SANDERS ASSESSMENT ACCOUNTS	
g	Other (If line 11g amount exceeds 10% of line 25,	. <del></del> -			
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,979.			
14	Information technology	715.	<del></del>		
15	Royalties		<del></del> -	<del> </del>	
	Occupancy		<u>_</u> .		
16	, ,				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14,001.		<u> </u>	
19	Conferences, conventions, and meetings	14,001.		<del> </del>	
20	Interest			<del>_</del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<del></del>	<del> </del>	
23	Insurance				track to the second of the second to the second to
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.)			TO THE PARTY OF TH	
а					
b			<u>.</u> .		<del></del>
C					
d					
е	All other expenses	204 700		<u> </u>	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	394,728.		<u> </u>	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			l	

820,828. Form 990 (2014)

820,828.

33

511,358.

511.358.

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

<u>Form</u>	1990 (2014) FEDERATION OF IOWA INSURERS	42-	1161003	Page 12
Pa	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		1,198.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,728.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	511	L <b>,</b> 358.
5	Net unrealized gains (losses) on investments	5		_
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,			
<u> </u>	column (B))	10	820	),828.
ĮКа	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u>. L </u>
			72.32.13	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	Section 1	
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		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
Ь	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 separate	e basis	,	
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	1. 0.00	X
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	A Const
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Au		X
	Act and OMB Circular A-133?	نسمامنن	3a	<del> -</del> ^-
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	3b	[
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<b>990</b> (2014
			rorm :	<b>330</b> (2014

# 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

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

_	Section 5	<u>01(c)(4), (5), or (6) organiza</u>	tions: Complete Part III					
Name of organization						Employer identification number		
			ION OF IOWA INS			42-13		3
Pε	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 52	27 organizati	on.	_
2		expenditures	ration's direct and indirect polit	tical campaign activities	in Part IV.	<b>&gt;</b> \$		
Pá	irt B	Complete if the ord	janization is exempt un	der section 501(c	)(3).		· · · · · · · · · · · · · · · · · · ·	
			incurred by the organization u			<b>\</b> \$		
		•	incurred by organization mana			<b>▶</b> \$		
		•	n 4955 tax, did it file Form 472	-			res [	No
		orrection made?	·	•		□ \( \)	res [	□ No
t	o If "Yes,"	describe in Part IV.					_	
₽έ	art II-C	Complete if the org	janization is exempt un	der section 501(c	), except section (	501(c)(3).		
1	Enter the	amount directly expended	d by the filing organization for s	section 527 exempt fund	ction activities	<b>▶</b> \$	• • • • • • • • • • • • • • • • • • • •	
2	Enter the	amount of the filing organ	ization's funds contributed to	other organizations for s	section 527			
	exempt 1	unction activities				<b>▶</b> \$	_	
3	Total exe	empt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	•	_		
	line 17b					<b>▶</b> \$		
4	Did the f	ling organization file Form	1120-POL for this year?	•		\ <b>`</b> \	′es L	No
5	made pa	yments. For each organiza tions received that were pr	nployer identification number (I tion listed, enter the amount p omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political org	ization's funds. Also en ganization, such as a se	ter the amount o	f political	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amo	unt of po	litical
					filing organization funds If none, ente	's contribute r -0 prompt delivered political		ed and ectly arate tion.
			_					
							•	
	-		<del></del>				_	
		<del></del>						

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schèdule C (Form 990 or 990-EZ) 2014	FEDER	ATION	OF IOWA INS	URERS	42-1	161003 Page 2
Partil A Complete if the org	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and fi	ed Form 5768 (e	lection under
section 501(h)).					<del> </del>	
A Check ► ☐ if the filing organization expenses, and sha				Part IV each affiliated	I group member's nam	e, address, EIN,
. —			experiolitares). nd "limited control" pro	vusions annly		
				учэюнэ арргу	(a) Filing	(b) Affiliated group
		bying Expe leans amou	nditures ınts paid or incurred.)	)	organization's totals	totals
1a Total lobbying expenditures to infl	luence pub	lic opinion (	grass roots lobbying)			<del></del>
<b>b</b> Total lobbying expenditures to infl	luence a le	gislative boo	dy (direct lobbying)	•		
c Total lobbying expenditures (add	lines 1a an	d 1b)				
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1c	. (t			
f Lobbying nontaxable amount. Ent		unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000 \$1,000,000.			000			
•	Grassroots nontaxable amount (enter 25% of line 1f)					<u> </u>
<b>™</b>	Subtract line 1g from line 1a. If zero or less, enter -0-				ļ	<u> </u>
	Subtract line 1f from line 1c. If zero or less, enter ·0·				L	<u></u>
j If there is an amount other than ze		er line 1n or	line 11, did the organiza	ation file Form 4/20	Г	
reporting section 4911 tax for this	year?	4 V- on A.		· · · · ·		Yes No
(Some organizations t		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
			nditures During 4-Yea	<del></del>		
				<u>_</u>		
Calendar year (or fiscal year beginning in)	(a)	2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
(or fiscal year beginning in)						
		<del></del>		<del>.</del>		•
2a Lobbying nontaxable amount	Accordance or many 12 Mary 12					
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures	<del>                                     </del>		<del> </del>	<u> </u>		<u> </u>
d Consequents results and the consequent						
d Grassroots nontaxable amount e Grassroots ceiling amount				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
e Grassroots ceiling amount (150% of line 2d, column (e))						
(100% of this 2d, coldinit (d))	200 C F 4 4 4 6 6			AND THE RESERVE THE PROPERTY OF THE PROPERTY O	THE STANCE STREET, SALES OF THE STANCE OF TH	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

# Schedule C (Form 990 or 990-EZ) 2014 FEDERATION OF IOWA INSURERS 42-116100 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 11 below, provide in Part IV a detailed description			(a)		(b)	
of th	e lobbying activity.	Yes	No	Amount		
1 a b	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?  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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
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	and the same	<b>海洋</b>		7.1 L	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			為運動工	對漢字學	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			10 10 1	<del> </del>	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			學是經濟學	影響源於	
Кa	Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection		
	501(c)(6).		_	Yes	No.	
				Tes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?	•	1		<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X		
3 Dái	Did the organization agree to carry over lobbying and political expenditures from the prior year?  [[1] B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(a)	(5) or so			
C,q	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				na 3 is	
	answered "Yes."	u 140, O	i (b) i ai	· III-7-1, III	10 0, 13	
<del>-</del>	Dues, assessments and similar amounts from members	-	1	704	,000.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical				
_	expenses for which the section 527(f) tax was paid).	.ioui	70,750 step			
9	Current year		2a	146	5,503.	
b			2b		,463.	
c			2c		966.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		,560.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	veee	******		.,	
_	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		2			
	expenditure next year?	political	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	<63	,594.	
	Supplemental Information		<u>-                                    </u>			
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	ın liat\ı Dart II	I A lines 1	and 2 /222		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	ip listy, martis	17A, III ICS 1 6	and 2 (366		
mou	uctions), and Part IPB, line 1. Also, complete this part for any additional information.					
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www ins goviform 990.

OMB No 1545-0047
2014
Open to Public

Name of the organization

FEDERATION OF IOWA INSURERS

Employer identification number 42-1161003

FORM 990, PART VI, SECTION A, LINE 3:

THE FEDERATION ENGAGES OUTSIDE COUNSEL TO SERVE AS ITS EXECUTIVE DIRECTOR.

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

THE FEDERATION HAS A DUES-PAYING MEMBERSHIP COMPRISED OF IOWA INSURANCE COMPANIES.

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

THE FEDERATION'S MEMBERS HAVE THE AUTHORITY TO SELECT THE ORGANIZATION'S BOARD OF DIRECTORS.

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

ACTIONS OF THE FEDERATION'S BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL AND RATIFICATION BY THE ORGANIZATION'S MEMBERS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE FORM 990 WAS CIRCULATED TO THE MEMBERS OF THE FEDERATION'S BOARD OF DIRECTORS TO PROVIDE THE OPPORTUNITY FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE PROVIDED TO MEMBERS OF THE BOARD OF

DIRECTORS AT THE BEGINNING OF EACH YEAR. THE EXECUTIVE DIRECTOR ENSURES

THAT ALL RESPONSES ARE RECEIVED IN A TIMELY MANNER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE FEDERATION CONTRACTS WITH OUTSIDE COUNSEL TO SERVE AS ITS EXECUTIVE

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

Schedule O (Form 990 or 990-EZ) (2014)

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Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization FEDERATION OF IOWA INSURERS	Employer identification number 42-1161003
DIRECTOR. THE ENGAGEMENT OF AND FEES PAID TO THE EXECUTI	VE DIRECTOR ARE
REVIEWED AND APPROVED BY THE FEDERATION'S BOARD OF DIRECT	ORS ON AN ANNUAL
BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FEDERATION WILL PROVIDE MEMBERS OF THE PUBLIC WITH CO	PIES OF APPLICABLE
DOCUMENTS UPON REQUEST.	
19.	
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