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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 6

▶ 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.

Open to Public Inspection

A F	or the	e 2016 calendar year, or tax year beginning and ending		
Вс	heck if	C Name of organization	D Employer identific	eation number
	Addre chang Name	PROPERTY LOSS RESEARCH BUREAU	26 11	516660
<u> </u>	_ichang]initial			
	_lreturn]Fınal return		Inte E Telephone number	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	13,632,060.
	Amen return	DOWNERS GROVE, IL 60515	H(a) Is this a group re	turn
	Application	F Name and address of principal officer Thomas w. MALLIN	for subordinates	Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
I T	ax-ex	empt status 501(c)(3)X 501(c)(6) ◀ (Insert no.) 4947(a)(1) or	527 If "No," attach a	list (see instructions)
		te: ► WWW.PLRB.ORG	H(c) Group exemption	
			ear of formation, 1977 M	
	ırt I	Summary		
•	1	Briefly describe the organization's mission or most significant activities SEE SCHE	DULE O	
Activities & Governance				
ГПа	2	Check this box I if the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
SS	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	43
įį	6	Total number of volunteers (estimate if necessary)	6	0
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
•	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	9,247,832.	9,300,718.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	323,073.	346,577.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,570,905.	9,647,295.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,988,660.	6,260,257.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ.	b	Total fundraising expenses (Part IX, column (D), line 25)	\	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	$\sqrt{2,757,881}$.	<u>2,647,885.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line-25	% 8,746,541.	8,908,142.
	19	Revenue less expenses Subtract line 18 from line 12	\b\ 824,364.	739,153.
Net Assets or Fund Balances		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	<u>₹ 25,581,406.</u>	26,544,560.
age and a	21	Total liabilities (Part X, line 16)	8,312,566.	8,555,386.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	17,268,840.	17,989,174.
	ırt II	Signature Block		
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		- 43
		Signature of officer	12/22/2	017
Sigi		<u> </u>	Date	
Her	е	THOMAS W. MALLIN, PRESIDENT & CEO Type or print name and title		- ·
			Date Check	PTIN
.		Print/Type preparer's name Preparer's signature		'
Paid		JOSEPH A. LEO	02/15/17 self-employe	
Prep		Firm's name SCANLAN & LEO, LTD.	Firm's EIN	36-2758343
use	Only	Firm's address 1110 JORIE BOULEVARD, SUITE 204	Dha	20\ 000 1110
		OAK BROOK, IL 60523	Phone no. (6	30) 990-1110
May	the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	1 990 (2016) PROPERTY LOSS RESEARCH BUREAU	<u>36-1516660 </u>	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		\mathbf{x}
1	Briefly describe the organization's mission		
•	SEE SCHEDULE O		
	DEL BOMBONE 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?	Ves	X No
	If "Yes," describe these new services on Schedule O		110
_			□ 1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	and
	revenue, if any, for each program service reported		
40			
4a	(Code) (Expenses \$ including grants of \$) (Revenue		<i>'</i>
	THE BUREAU'S 2016 MEMBERSHIP CENSUS WAS MADE UP AS FOLLO		
	MEMBER COMPANIES AND 265 AFFILIATE MEMBERS. SERVICES TO		
	MEMBER ORGANIZATIONS INCLUDED EDUCATION AND TRAINING, LE	GAL AND	
	CLAIMS RESEARCH SERVICES, AND OTHER SERVICES.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue)
	THE MAJOR CONFERENCES HELD IN 2016 WERE THE CLAIMS CONFE	RENCE, THE	
	LARGE LOSS CONFERENCE, AND THE THREE REGIONAL ADJUSTERS	CONFERENCES	•
	ATTENDANCE FOR EACH CONFERENCE WAS AS FOLLOWS:		
	CLAIMS CONFERENCE - 1,690(50% OF MEMBERS, 16% OF AFFILIA	ጥፑር \	
			
	LARGE LOSS CONFERENCE - 1,057 (43% OF MEMBERS, 32% OF AF		
	REGIONAL ADJUSTERS CONFERENCES - 1,439 (50% OF MEMBERS,	26% OF	
	AFFILIATES)		
			•
4c	(Code) (Expenses \$	\$)
	PLRB PROVIDES AN EVER-GROWING INVENTORY OF CONTINUING ED	<u>UCATION</u>	
	ACCREDITED SELF-STUDY DISTANCE LEARNING MODULES. MATERI	ALS ARE	
	PREPARED BY STAFF, INDUSTRY VOLUNTEERS, OR ARE EDITED VI	DEO-RECORDE	D
	PRESENTATIONS BY THE INDUSTRY'S LEADING CLAIMS SERVICE P		
	CLAIMS CONFERENCE. THESE MODULES CAN BE ACCESSED FROM A		
	PC. TEST RESULTS ARE TRACKED BY PLRB, CERTIFICATES OF C	OMPLETION C	<u>AN</u>
	BE PRINTED OUT BY THE USER, AND PLRB HAS AUTOMATED MUCH	OF THE PROC	ESS
	BY WHICH THE USER APPLIES FOR AND RECEIVES CONTINUING ED		
		US MODULES,	OF
			<u> </u>
	WHICH 12,013 MODULES WERE COMPLETED BY USERS. ALSO IN 2		
	PROVIDED 15 WEBINARS THAT REGISTERED 5,939 LOGINS AND AN		
	8,243 TOTAL VIEWERS BASED ON PARTICIPANT SURVEYS. DURING	2016, 10,3	71
4d	Other program services (Describe in Schedule O)		
⊸u		N.	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		
		Form 9	90 (2016)

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Form 990 (2016) PROPERTY LOSS RESEARCH BUREAU
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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		<u>X</u>
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	!		•
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		32
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	
f	· · · · · · · · · · · · · · · · · · ·		v	
	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	
ل م	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 47	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	146		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,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19 Form	gan	X (2016)
		L-OHI		(CU 10)

Form 990 (2016) PROPERTY LOSS RESEARCH BUREAU
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 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			
	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_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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 "Yes,"	ļ		
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_ X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ļ		
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ĺ	1	
	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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		i 	l
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2016)

	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	.		1.0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	آز		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43	<u>s</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
^	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		_
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	P. 10	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
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 10b			
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			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	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	4		
С	Enter the amount of reserves on hand	+-	 	
14a		14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	. 000	(0040
		rorn	n 990	20 ال

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			_		\mathbf{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	1a	1	.1	1				
	If there are material differences in voting rights among members of the governing body, or if the governing			ļ					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			Ì					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	.1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other	Į.					
	officer, director, trustee, or key employee?			2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision	1					
	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 S		is filed?	5	<u> </u>	X			
5									
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 approximately a second se	point	one or		77				
	more members of the governing body?	طارات د خ	aldero ar	_7a_	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockn	olders, or	76	x				
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	o following:	7b					
8	The governing body?	at by ti	e following.	8a	X				
	Each committee with authority to act on behalf of the governing body?			8b	X				
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	01100	21 1110	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	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?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				X				
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	ļ	<u>X</u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escnbe						
	ın Schedule O how this was done			12c	X	 			
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>			
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 approve	al by II	ndependent		j	1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				· •	ŀ			
	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	^	 			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment :	with a						
IOa	taxable entity during the year?	nent v	VILLI C	16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its i	narticipation	100	İ				
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					ĺ			
	exempt status with respect to such arrangements?			16b	ļ				
Sec	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 990-1	(Sec	ion 501(c)(3)s onl	y) availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, a	and finar	icial				
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records. >						
	PETER BECKER - 630-724-2221	-							
	3025 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515-12	91			- 000	10010			
63200	3 11-11-18			Forn	11 330	(2016)			

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

- 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)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Po:			Position neck more than one		000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week		cer an	o a o	recto	or/trus	iee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	trustee	trus		92	mpen		(***2/1099*****160)		organization and related
	below	dual	Institutional trustee	<u>.</u>	Key employee	S es				organizations
	lıne)	Individual	Instit	Officer	Key e	Highest compensated employee	Гог тег			g
(1) ROBERT A. DIMUCCIO	1.00						ļ			
DIRECTOR		X						0.	0.	0.
(2) GREG OSTERGREN	0.00									
CHAIRMAN BOARD OF DIRECTORS		X						0.	0.	0.
(3) JEFFERY B. KUSCH	1.00									
DIRECTOR		Х						0.	0.	0.
(4) SEAN B. MCSWEENEY	1.00	ļ								
DIRECTOR		X				ļ		0.	0.	0.
(5) BRUCE G. KELLEY	1.00									
DIRECTOR		X						0.	0.	0.
(6) F.W. PURMORT III	1.00									
DIRECTOR		X						0.	0.	0.
(7) MARK WILLSON	1.00									
DIRECTOR		Х	_				<u> </u>	0.	0.	0.
(8) CHAD ZIERKE	1.00									
DIRECTOR		X						0.	0.	0.
(9) RICHARD CREEDON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) BONNIE LEE	1.00						}	_	_	_
DIRECTOR		X					<u> </u>	0.	0.	0.
(11) JOHN SCHAPPERLE	1.00							_	_ :	_
DIRECTOR		X		_		_		0.	0.	0.
(12) THOMAS W. MALLIN	36.00								_ :	
PRESIDENT & CEO				Х				578,956.	0.	100,096.
(13) LEONARD E. MURPHY	36.00								_	
VP & GEN'L COUNSEL				Х			<u> </u>	279,775.	0.	86,708.
(14) PAUL C. DISPENSA	36.00									
VP			_	Х		_		227,968.	0.	78,240.
(15) HUGH O. STRAWN	36.00			ŀ			ŀ			
VP & SECRETARY			_	Х	<u> </u>		L_	232,807.	0.	84,553.
(16) PETER B. BECKER	36.00									
TREASURER & VP	0.6.00	<u> </u>	<u> </u>	Х	<u> </u>	<u> </u>	<u> </u>	186,368.	0.	29,100.
(17) JEFFREY A. KERENSKY	36.00			<u>-</u> _					_	
VP		Ц	L	X	Щ.	L	<u></u>	214,801.	0.	33,279.
632007 11-11-16						_				Form 990 (2016)

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees/	, and	iH t	ghe	st C	Compensated Employe	es (continued)				
` (A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both a					one h an	(D) Reportable	(E) Reportable compensation		(F Estima amou		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated 11/10	ŕ	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	d is	com fr org and	other pensarom th anizat d relat	ation e ion ied
(18) SCOTT T. POWELL VP	36.00			x				195,168.		0.	4	8,5	64.
(19) ELIZABETH STERNE	36.00					х		139,908.		0.		6,5	
(20) KATHRYN JENSEN	36.00					х		101,619.		0.		8,7	
(21) VALERIE BERKA	36.00					х		103,807.		0.		6,1	
(22) JOHN HURLEY	36.00					x		104,587.		0.			
(23) THOMAS O'DOWD	36.00					X		101,848.		0.		5,4 5,9	
		-											
						·							
1b Sub-total	II C A						>	2,467,612.		0.	61	3,3	
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	II, Section A							2,467,612.		0.	61	3,3	<u>0.</u> 88.
Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed ab	ove	e) wh	no re		,000 of reportab	le			20
3 Did the organization list any former officer	. director, or tri	ıste	e ke	v em	nlo	vee	or	highest compensated ei	molovee on	[Yes	No
line 1a? If "Yes," complete Schedule J for s	such individual							,			3		Х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15								•	the organization		4	х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	nsat	on f	rom :	any	unr			dual for services		5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for										ipensa	ation fi	rom	
(A) Name and business								(B) Description of s		c	(C omper		n
ROGER H. KING DBA RKM PR 3741 N. HASHKNIFE COURT,			ΑZ	85	74	19		A-V PRODUCTI	ON		17	2,8	58.
	 -												
	· · · · · · · · · · · · · · · · · · ·												
			_	_			-						
2 Total number of independent contractors (including but n	ot lii	nite	d to t	thos	se lis	sted	I above) who received m	ore than				

\$100,000 of compensation from the organization

Pa	rt VII							
		Check if Schedule O con	tains a response	or note to any line	e 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
ts	1 a	Federated campaigns	1a					312 371
ran		Membership dues	1b					ļ
Contributions, Gifts, Grants and Other Similar Amounts	c		1c		i			1
a #		Related organizations	1d		ļ			
S, E		Government grants (contribut	tions) 1e					
Sign	f	All other contributions, gifts, gran			}	1		}
the the		similar amounts not included abo	1					
E S	g	Noncash contributions included in lines	s 1a-1f \$		ĺ			
<u>රි ස</u>	h	Total, Add lines 1a-1f		•				
İ				Business Code				
8	2 a	ASSESSMENTS		900099	6,203,238.	6,203,238.		
Program Service Revenue	b	CONFERENCES, CONVENTION	NS AND MEE	900099	3,093,510.	3,093,510.		
Su	С	PUBLICATIONS		900099	3,970.	3,970.		
e a	d							
5 P	е							
م	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			9 300 718.			
	3	Investment income (including	ı dıvıdends, ıntei	est, and				
		other similar amounts)			346,342,			346,342.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				_
	5	Royalties		<u> </u>				
			(i) Real	(II) Personal				1
	6 a			 				
		Less rental expenses	<u> </u>	 	(Ì
		Rental income or (loss)	L					
		Net rental income or (loss)		1 () ()				
ł	7 a	Gross amount from sales of	(i) Securities	(II) Other		1		
		assets other than inventory	3,985,000	•				
	D	Less cost or other basis	2 204 765					
ļ	_	and sales expenses	3,984,765	1)		
		Gain or (loss) Net gain or (loss)	235		235.			235.
		Gross income from fundraisir	a ovente (not					233,
Ę	o a	including \$	•	}				
Ver		contributions reported on line						
æ		Part IV, line 18	. 10, 000 i	,				1
Other Revenue	h	Less direct expenses						
ő		Net income or (loss) from fun						
		Gross income from gaming a	_					
		Part IV, line 19						
	b	Less direct expenses	ŀ					
		Net income or (loss) from gar	ning activities	•				
		Gross sales of inventory, less						
	:	and allowances	á á	a ()				
	b	Less cost of goods sold	t					
	С	Net income or (loss) from sale	es of inventory					
		Miscellaneous Reveni	ne	Business Code		_ [
	11 a							
	b							
	С	·		ļ				ļ <u>.</u>
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶			· 	ļ
	12	Total revenue. See instructions		>	9 647 295	9 300 718	0	346 577

Part IX Statement of Functional Expenses

PROPERTY LOSS RESEARCH BUREAU

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A)						
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, Bb, 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 domestic organizations				-					
	and domestic governments See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22			_						
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	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	4,823,163.								
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	681,171.								
9	Other employee benefits	461,504.								
10	Payroll taxes	294,419.								
11	Fees for services (non-employees)									
а	Management									
b	Legal	00 150								
С	Accounting	29,150.								
d	Lobbying									
е.	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,	20,815.								
40	column (A) amount, list line 11g expenses on Sch O.)	20,615.								
12	Advertising and promotion Office expenses	66,921.								
13 14	Information technology	194,934.								
15	Royalties	174,734.								
16	Occupancy	408,657.								
17	Travel	13,031.			-					
18	Payments of travel or entertainment expenses	20/0020		· · · · · · · · · · · · · · · · · · ·						
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,624,649.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	77,789.								
23	Insurance	55,505.								
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	65,637.								
b	BOND PREMIUM AMORTIZATI	59,222.								
С	DUES & MEMBERSHIPS	13,634.		<u> </u>						
d	CHARITABLE DONATION	10,000.	<u>.</u>							
е	All other expenses	7,941.		ļ						
<u>25</u>	Total functional expenses Add lines 1 through 24e	8,908,142.		 						
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined	!								
	educational campaign and fundraising solicitation.	ĺ								
	Check here If following SOP 98-2 (ASC 958-720)			1	l					

Form 990 (2016) PROPERTY LOSS RESEARCH BUREAU 36-1516660 Page 11

art X				1310000 Page 11
<u>`</u>	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	6,251,391.	1	7,298,781
2	Savings and temporary cash investments	236,445.	2	76,811
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	<u>3,393,637.</u>	4	2,917,426
5	Loans and other receivables from current and former officers, directors,			
}	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5_	
6	Loans and other receivables from other disqualified persons (as defined under		i i	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		1	
S	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	223,869.	9	184,260
10 a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 2,418,802.		ii	
l b	Less accumulated depreciation 10b 2,316,079.	91,559.	10c	102,723
11	Investments - publicly traded securities	14,533,703.	11	14,943,536
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	850,802.	15	1,021,023
16	Total assets. Add lines 1 through 15 (must equal line 34)	25,581,406.	16	26,544,560
17	Accounts payable and accrued expenses	16,664.	17	22,527
18	Grants payable		18	
19	Deferred revenue	7,511,789.	19	7,597,102
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖွ 22	Loans and other payables to current and former officers, directors, trustees,]	
Ĕ	key employees, highest compensated employees, and disqualified persons			
Liabilities	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24) Complete Part X of			
-	Schedule D	784,113.	25	935,757
26	Total liabilities. Add lines 17 through 25	<u>8,312,566.</u>	26	8,555,386
ļ	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မှု	complete lines 27 through 29, and lines 33 and 34.		} }	4
E 27	Unrestricted net assets	17,268,840.	27	17,989,174
g 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		! [
Ď	and complete lines 30 through 34.		_	
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	10.000.040	32	17 000 171
33	Total net assets or fund balances	17,268,840.	33	17,989,174
34	Total liabilities and net assets/fund balances	25,581,406.	34	26,544,560 Form 990 (2016

Form **990** (2016)

Form	990 (2	PROPERTY LOSS RESEARCH BUREAU	36-1	51666	0 р	age 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 r	evenue (must equal Part VIII, column (A), line 12)	1			<u> 295.</u>
2	Total e	expenses (must equal Part IX, column (A), line 25)	2			142.
3	Reven	ue less expenses Subtract line 2 from line 1	3			<u> 153.</u>
4	Net as	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>17,2</u>		
5	Net ur	realized gains (losses) on investments	5		18,	<u>819.</u>
6	Donat	ed services and use of facilities	6			
7	Invest	ment expenses	7			
8	Prior p	eriod adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	colum		10	<u> 17,9</u>	<u>89,</u>	<u> 174.</u>
Pa	rt XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				<u> X</u>
1	Accou	nting method used to prepare the Form 990		_	Yes	No
	If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-	-	
2a	Were	he organization's financial statements compiled or reviewed by an independent accountant?		2	3	X_
	If "Yes	," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separa	ate basis, consolidated basis, or both				
		Separate basis Consolidated basis Both consolidated and separate basis				
b	Were	the organization's financial statements audited by an independent accountant?		21	<u> X</u>	
	If "Yes	s," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	1	1	1
	conso	lidated basis, or both				
	X	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 th	e audıt,			ļ
		, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the	organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a re	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	.		
		d OMB Circular A-133?		3:	3	<u>X</u>
þ	If "Yes	," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or aud	its, explain why in Schedule O and describe any steps taken to undergo such audits		31		
				For	m 99 0) (2016)

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 www.irs.gov/form990.

2016

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
	PROPERT	Y LOSS RESEARCH	BUREAU		36-1516660
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	cal campaign activities		
Pa	art I-B Complete if the org	janization is exempt und	ler section 501(c)(3).	
	Enter the amount of any excise tax			▶ \$	
	Enter the amount of any excise tax			5 ▶ \$	
	If the organization incurred a section				Yes No
	Was a correction made?	·	•		Yes No
<u>_</u> _k	o If "Yes," describe in Part IV				
Pá	art I-C Complete if the org	janization is exempt und	ler section 501(c), except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities >\$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	and on Form 1120-PO		
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	nployer identification number (El	N) of all section 527 p	olitical organizations to which	h the filing organization
	made payments For each organiza	•			-
	contributions received that were pr				te segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	vide information in Par		T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

832041 11-10-18

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org	PROPERTY anization is	LOSS RESEARCH	BUREAU on 501(c)(3) and file	36- ed Form 5768 (e	1516660 Page 2
section 501(h)).		•		•	
	tion belongs to a	n affiliated group (and list ii	n Part IV each affiliated	group member's na	me, address, EIN.
expenses, and sha	=			3 ,-	-,,,
. —		A and "limited control" pro	ovisions apply		
Lımi	ts on Lobbying l			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opii	nion (grass roots lobbying)			
b Total lobbying expenditures to infli	•				
c Total lobbying expenditures (add li	_	, (,g,			
d Other exempt purpose expenditure	•		İ		
e Total exempt purpose expenditure		nd 1d)			
f Lobbying nontaxable amount Ente	· ·	· · · · · · · · · · · · · · · · · · ·	th columns		
If the amount on line 1e, column (a) of		e lobbying nontaxable am			
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,000		00,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17.		25,000 plus 5% of the exce			
Over \$17,000,000		,000,000	233 0401 \$1,500,000		
Over \$17,000,000		,000,000			
g Grassroots nontaxable amount (er	nter 25% of line 1	f)			
h Subtract line 1g from line 1a If zer		•		···	
Subtract line 1f from line 1c If zero					
If there is an amount other than ze	·		ι ration file Form 4720		_
reporting section 4911 tax for this		int of line 11, did the organiz			Yes No
reporting decidit 45 f f tax for this		r Averaging Period Under	r section 501(h)		100 100
(Some organizations t	hat made a sect	ion 501(h) election do not eparate instructions for li	have to complete all of	of the five columns	below.
	Lobbying I	xpenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	-				
(150% of line 2a, column(e))			<u></u>		
c Total lobbying expenditures					
d Grassroots nontaxable amount					_
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2016 PROPERTY LOSS RESEARCH BUREAU 36-1516660 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
of the lobbying activity	Yes	No	Amo	unt
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?				
e 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				
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				
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	tion 501(c)	(5), or se	ction	
501(c)(6).			Yes	No
A Mara autotantallu all (000/) dura vasanda adalah atalah la kansastan 0			res	
1 Were substantially all (90% or more) dues received nondeductible by members?		1	v	X
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from 	41	? 3	X	X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere 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 poli	tical			
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	vaaaa	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political			
5 Taxable amount of lobbying and political expenditures (see instructions)		5	•	
Part IV Supplemental Information		3		
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)	ın list\ Part II	·A lines 1 :	and 2 (see	
instructions), and Part II-B, line 1 Also, complete this part for any additional information	3p 700,, 1 a. 1 1	7 1, 111.00	2 (000	
mondonorio, and rais in 5, and strained the part for any additional information				
		, , , , , ,		
	·-·			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

Inspection

Name of the organization

PROPERTY LOSS RESEARCH BUREAU

Employer identification number

36-<u>1516660</u> Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on 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. Schedule D (Form 990) 2016

632051 08-29-16

Sche			LOSS RES						<u> 36-15</u>	16660	0 Pa	age 2
Pai	rt III Organizations Maintain	ing Colle	ctions of A	rt, Histo	orical Tr	easures, c	r Othe	er Simi	ar Asse	ts (contin	iued)	
3	Using the organization's acquisition, a	accession, a	ind other record	ds, check	any of the	following that	t are a s	ignificant	use of its	collection	ı ıtem	s
	(check all that apply)											
а	Public exhibition		C	ı <u>□</u> ∟	oan or exc	hange progra	ms					
b	Scholarly research		€	, 🗀 c	ther							
С	Preservation for future generation	ons										
4	Provide a description of the organization	ion's collect	ions and expla	in how the	ey further t	he organizatio	on's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization s	solicit or rec	eive donations	of art, his	torical trea	isures, or othe	er sımıla	r assets		_		_
	to be sold to raise funds rather than to									Yes		No
Pai	rt IV Escrow and Custodial A			ete if the o	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 9	90, Part X, I	ine 21.									
1a	Is the organization an agent, trustee, o	custodian o	r other interme	diary for c	ontributior	ns or other as:	sets not	included		_		_
	on Form 990, Part X?									Yes	L	No
b	If "Yes," explain the arrangement in Pa	art XIII and	complete the fo	ollowing ta	ıble							
										Amount	<u>:</u>	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amour	nt on Form 9	990, Part X, line	21, for es	scrow or co	ustodial acco	unt liabi	lity?		」 Yes	<u> </u>	No
	If "Yes," explain the arrangement in Pa											
Pai	rt V Endowment Funds. Com	plete if the	organization ar	nswered "	Yes" on Fo							
		_(a)	Current year	(b) Pr	or year	(c) Two year	s back	(d) Three	years back	(e) Four	years	<u>back</u>
1a	Beginning of year balance					ļ						
b	Contributions	<u> </u>										
С	Net investment earnings, gains, and lo	osses				ļ						
d	Grants or scholarships	<u> </u>				<u> </u>						
е	Other expenditures for facilities											
	and programs			ļ								
f	Administrative expenses			ļ <u>.</u>		<u> </u>						
g	End of year balance			L		L						
2	Provide the estimated percentage of t	the current	year end baland	ce (line 1g	, column (a	a)) held as						
а	,	nt 🕨		%								
b	Permanent endowment		_%									
С	Temporarily restricted endowment		%									
	The percentages on lines 2a, 2b, and											
За	Are there endowment funds not in the	possessio	n of the organiz	ation that	are held a	and administe	red for t	he organ	zation	r		
	by										Yes	No
	(i) unrelated organizations									3a(ı)		
	(ii) related organizations									3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related or	J	•			•				3b		
<u>4</u>	Describe in Part XIII the intended uses			<u>owment fu</u>	unds							
ra	ert VI Land, Buildings, and Ed			0 D 84	lung 44 = 1	200 E 000	D-44	line 10				
	Complete if the organization ar	nswered "Ye								(-D.D. :		
	Description of property	j	(a) Cost or o			t or other (other)		ccumulat		(d) Book	k valu	Ð
			basis (invest	ment)	Dasis	(Other)	ae	preciation	•			
	Land	}										
	Buildings	ļ			1 4	E 602		126 4	02		0 1	21
	Leasehold improvements					15,603.		$\frac{126,4}{272}$			<u>9,1</u>	
	Equipment	}	·			72,989.		<u>372,9</u>			2 	$\frac{0.}{02.}$
	Other	must sour!	Form 000 D	· V astri-			1,	<u>816,6</u>	00.		<u>3,0</u> 2.7	
212												I -

Schedule D (Form 990) 2016

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

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.

Schedule D (Form 990) 2016

(7) (8)

	edule D (Form 990) 2016 PROPERTY LOSS RESEARCH BURI			<u> 36-1</u>	<u> 1516660</u>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	enue per R	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	9,647,	<u> 295.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	• ,	2a				
þ	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	,	_2d				
е				2e		0.
3	Subtract line 2e from line 1			3	9,647,	295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	, ,	4a				
b	Other (Describe in Part XIII)	_4b				•
C				4c	0.645	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	amaa Miidh Eas		5	9,647,	295.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents with Exp	enses per	Ketui	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0.006	0.61
1	Total expenses and losses per audited financial statements			1	8,926,	961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		}		
a		2a				
b	Prior year adjustments	2b				
C	Other losses	2c	10 010			
d	,	2d	18,819.		1.0	010
е				2e	8,908,	819.
3	Subtract line 2e from line 1			3	8,908,	144.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 - 1				
a		4a				
b	,	4b		4-		Λ
c				4c	8,908,	1/2
D ₂	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.			3	0,300,	144.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1b and 2l	Part V line	1 Dart	V line 2 Part \	<u></u>
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi		J, Fait V, iiile	+, - aii	λ, III 10 2, ΓαΙΙ /	λι,
111162	20 and 40, and Part XII, lines 20 and 40 Also complete this part to provide any addi	lional imormation				
		····				
PΔ	RT X, LINE 2:					
<u>, , , , , , , , , , , , , , , , , , , </u>	KI A, DINI 2.					
тH.	E_ACCOUNTING STANDARDS_ON_ACCOUNTING FOR_U	√ERTATNT	y in in	COME	TAXES	
	b liceomiting bithough on necountrie for or	NODICE LITERAL	1 111 111	<u></u>	<u> </u>	
AD	DRESS THE DETERMINATION OF WHETHER TAX BENI	EFITS CLA	TMED OR	EXI	ECTED T	0.
	one of the parameters of middle the parameters	<u> </u>				
BE	CLAIMED ON A TAX RETURN SHOULD BE RECORDED	O IN THE	FINANCI	AL S	STATEMEN	ITS.
==	<u> </u>	 -				
UN	DER THAT GUIDANCE, THE BUREAU MAY RECOGNIZE	THE TAX	BENEFI	T FF	ROM AN	
UN	CERTAIN TAX POSITION ONLY IF IT IS MORE LI	KELY THAN	NOT TH	AT 1	TAX THE	
PO	SITION WILL BE SUSTAINED ON EXAMINATION BY	TAXING A	UTHORIT	IES	BASED C	N
						
TH:	E TECHNICAL MERITS OF THE POSITION. EXAMPLE	ES OF TAX	POSITI	ONS	INCLUDE	E
TH:	E TAX-EXEMPT STATUS OF THE BUREAU AND VARIO	OUS POSIT	IONS RE	LATI	ED TO TH	ΙE
PO	TENTIAL SOURCE OF UNRELATED BUSINESS TAXABI	E INCOME	(UBIT)	. 1	TAX	
		TIACONTE				
		DE INCOME				
BE:	NEFITS RECOGNIZED IN THE FINANCIAL STATEMEN				ION ARE	

MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT

Schedule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016 PROPERTY LOSS RESEARCH BUREAU 36-1516660 Part XIII Supplemental Information (continued)	<u>Page 5</u>
LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO	
UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE	
FISCAL YEAR 2016 OR 2015.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NET UNREALIZED LOSS ON INVESTMENTS 18,	819.

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I | Questions Regarding Compensation

PROPERTY LOSS RESEARCH BUREAU

36-1516660

Employer identification number

Schedule J (Form 990) 2016

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2_	_X	
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			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ļ
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		<u>X</u>
C		4c		<u>X</u> _
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	-		
	•	<u>5a</u> _		
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III	5b_		
_				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
_	The organization?	6a		
	Any related organization?	6b		
D	If "Yes" on line 6a or 6b, describe in Part III	UU_	-	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

632111 09-09-16

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

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 on 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 aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Deneiits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) THOMAS W. MALLIN	ε	410,889.	123,266.	44,801.	85,880.	14,216.	679,052.	0
- 52	Ξ	0	0	0	0	0	0	0
(2) LEONARD E. MURPHY	Ξ	223,746.	44,749.	11,280.	70,494	16,214.	366,483.	
	Ξ	0	0	0		0	3	
Ì _	Ξ	174,14	34,830.	18,990.	70,967.	7,273.	306,208.	0
	<u> </u>		0	0	0	0	0	0
(4) HUGH O. STRAWN	ε	178,16	35,634.	19,004.	70,337.	14,216.	317,360.	0
& SECRETAR	E	0	0	0	0	0	0	0
۱_	ε	155,063.	31,013.	292.	27,565.	1,535.	215,468.	0
ASURER & VI	Ξ	0	0	0.	0	0		0
(6) JEFFREY A. KERENSKY	Ξ	178,738.	35,748.	315.	31,74	1,535.	248,08	
	E	0	0	0.	0	0	0	
(7) SCOTT T. POWELL	ε	161,901.	32,380.	887.	28,75	19,810.	243	
	<u> </u>	0	İ	0		0.		
(8) ELIZABETH STERNE	ε	138,408.	1,500.	0	20,363.	16,214.	176,485.	
	(ii)	0	0.	0	0	0.	0.	
	Θ							
	(ii)							
	ε							
	⊞							
	Ξ							
	<u> </u>							
	Ξ							
	<u>(ii)</u>	i						
	Ξ							
	(ii)							
	Ξ							
	(i)							
	(i)							
	Ξ							
	Ξ							
	3							
				(Schedu	Schedule J (Form 990) 2016

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.

Name of the organization

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

Inspection

OMB No 1545-0047

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	
	
FORM 990, PART I, LINE 1	
OUR PURPOSE IS TO PROMOTE THE INTERESTS OF THE PROPERTY	Y AND CASUALTY
INSURANCE INDUSTRY GENERALLY IN MATTERS RELATED TO ADJU	JSTMENT AND
RESOLUTION OF CLAIMS.	
FORM 990, PART III, LINE 1	
OUR PURPOSE IS TO PROMOTE THE INTERESTS OF THE PROPERTY	Y AND CASUALTY
INSURANCE INDUSTRY GENERALLY IN MATTERS RELATED TO ADJU	USTMENT AND
RESOLUTION OF CLAIMS.	
MORE SPECIFICALLY, THE PROPERTY LOSS RESEARCH BUREAU ST	TRIVES TO:
1. PROMOTE THE ACHIEVEMENT AND MAINTAINENCE OF THE HIGH	HEST LEVELS OF
COMPETENCE AMONG THOSE REPRESENTING INSURERS IN THE AD	JUSTMENT OF
INSURANCE CLAIMS.	
2. PROVIDE RESEARCH AND ANALYSIS OF CLAIMS COVERAGE IS:	SUES.
3. PROMOTE CLARITY IN, AND UNDERSTANDING OF, INSURANCE	POLICY LANGUAGE.
4. PROMOTE DESIGN OF INNOVATIVE, FAIR AND EFFICIENT CLA	AIMS ADJUSTING
PRACTICES.	
5. ARRANGE AND CREATE EFFECTIVE INDUSTRY TRAINING PROGR	RAMS.
6. CONTRIBUTE TO THE INDUSTRY'S CLAIMS RESPONSE, ASSIST	r and educate
CATASTROPHE CLAIMS PERSONNEL, AND AID CATASTROPHE VICT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-18	IMS THROUGH Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization
PROPERTY LOSS RESEARCH BUREAU

Employer identification number 36-1516660

PUBLIC INFORMATION.

7. COOPERATE WITH OTHER PROPERTY AND 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

USERS RECEIVED CONTINUING EDUCATION CREDITS FOR USING PLRB'S DISTANCE

LEARNING MODULES.

PLRB 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 A WEEKLY BULLETIN THAT PLRB

DISTRIBUTES. THESE BULLETINS PRESENT THE CASE LAW UPDATES AS WELL AS

CATASTROPHE, EDUCATION AND INDUSTRY INFORMATION. THE TOTAL WEEKLY

DISTRIBUTION OF THE ELECTRONIC BULLETINS IS 24,353 INDIVIDUAL

RECIPIENTS.

BUILDING CODE SERVICES DEPARTMENT - A NEW SERVICE 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

SEVERAL LARGE CITIES AND COUNTIES.

WITHIN THE BUILDING CODE SERVICES DEPARTMENT, FOUR PRIMARY SERVICE

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number PROPERTY LOSS RESEARCH BUREAU 36-1<u>51666</u>0 AREAS HAVE BEEN DEVELOPED AND ARE CONTINUALLY EVOLVING: 1. GATHERING AND LINKING TO AS MANY OF THE BUILDING CODES OF STATES, COUNTIES, TOWNSHIPS AND CITIES AS ARE AVAILABLE ON THE WEB TO PROVIDE A CONVENIENT METHOD FOR MEMBERS TO RESEARCH THE ACTUAL CONTENT OF A PARTICULAR BUILDING CODE. 2. DEVELOPING ON LINE AND LIVE TRAINING MATERIALS AND COURSES TO HELP CLAIMS PEOPLE UNDERSTAND HOW BUILDING CODES IMPACT PROPERTY POLICY COVERAGE. 3. WRITING A WEEKLY BUILDING CODE QUESTION OF THE WEEK COLUMN FOR OUR WEEKLY E-NEWSLETTER TO OUR MEMBERS DEALING WITH A VARIETY OF BUILDING CODE ISSUES, FROM THE GENERAL TO THE HIGHLY SPECIFIC AND TECHNICAL. 4. OFFERING HIGH-LEVEL INDIVIDUALIZED COMMERCIAL PROPERTY CLAIMS SCENARIOS, MUCH AS THE PROPERTY LEGAL STAFF PROVIDES SUCH INDIVIDUALIZED RESEARCH ON PROPERTY COVERAGE ISSUES. THIS SERVICE INVOLVES COMMUNICATION WITH OFFICIALS AT THE RELEVANT CODE MAKING/ENFORCING AUTHORITIES. FORM 990, PART VI, SECTION A, LINE 6: PROPERTY LOSS RESEARCH BUREAU IS A MEMBERSHIP ORGANIZATION AND HAS SIX INSTITUTIONAL VOTING MEMBERS, AS PROVIDED IN ITS BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: EACH OF THE SIX INSTITUTIONAL VOTING MEMBERS IDENTIFIED IN THE BYLAWS DESIGNATES A REPRESENTATIVE THAT IS APPOINTED TO THE 11-MEMBER BOARD OF DIRECTORS. THE REMAINING FOUR MEMBERS OF THE BOARD OF DIRECTORS ARE

APPOINTED BY THE SIX REPRESENTATIVES OF THE VOTING MEMBERS.

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

UNDER THE BYLAWS, NO ACTION OF THE BOARD OF DIRECTORS AMENDING THE BYLAWS

OR ARTICLES OF INCORPORATION, 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 11B:

PROPERTY LOSS RESEARCH BUREAU'S (PLRB) FORM 990 WAS PREPARED ON BEHALF OF
PLRB BY THE ACCOUNTING FIRM SCANLAN & LEO, LTD., 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 FORM 990 BY
THE PLRB PRESIDENT OCCURRED PRIOR TO THE FILING OF THAT FORM 990 WITH THE
IRS.

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

ALL EMPLOYEES ARE REQUIRED TO FULLY DISCLOSE TO THEIR SUPERVISORS ANY

ACTIVITIES WHICH MIGHT BE PROHIBITED UNDER SECTION 5.4, CONFLICT OF

INTEREST, OF THE PLRB EMPLOYEE HANDBOOK. IN ADDITION, MANAGEMENT

INVESTIGATES ANY ACTIVITY BY ANY EMPLOYEE WHICH MANAGEMENT OBSERVES OR

BECOMES AWARE OF WHICH MIGHT BE PROHIBITED UNDER THE CONFLICT OF INTEREST

POLICY. AFTER SUCH INVESTIGATION, MANAGEMENT DETERMINES WHETHER THE

ACTIVITY EITHER VIOLATES OR DOES NOT VIOLATE PLRB'S CONFLICT OF INTEREST

POLICY AND TAKES ANY REQUIRED STEPS TO ENFORCE THE POLICY.