DLN: 93493098007490 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable PROPERTY LOSS RESEARCH BUREAU □ Address change 36-1516660 ☐ Name change Doing business as DBA PROPERTY AND LIABILITY RESOURCE BUREAU ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 3025 HIGHLAND PARKWAY NO 800 ☐ Amended return ☐ Application pending (630) 724-2200 City or town, state or province, country, and ZIP or foreign postal code DOWNERS GROVE, IL $\,60515\,$ G Gross receipts \$ 14,783,880 Name and address of principal officer H(a) Is this a group return for THOMAS W MALLIN ☐Yes **☑**No subordinates? 3025 HIGHLAND PARKWAY NO 800 H(b) Are all subordinates DOWNERS GROVE, IL 60515 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW PLRB ORG L Year of formation 1977 M State of legal domicile IL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities RESOURCING THE PROPERTY AND CASUALTY INSURANCE INDUSTRY THROUGH CONSULTING AND TRAINING Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 500 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 9,728,195 9,796,070 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 491,062 603,104 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,219,257 10,399,174 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 10,000 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,719,010 7,030,592 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,743,540 2,752,776 9,462,550 9,793,368 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 756,707 Revenue less expenses Subtract line 18 from line 12 . 605,806 Net Assets or Fund Balances Beginning of Current Year End of Year 29,850,908 28,360,692 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 9,184,898 9,483,667 Net assets or fund balances Subtract line 21 from line 20 . 19,175,794 20,367,241 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here THOMAS W MALLIN PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-03-30 P01246734 Paid self-employed Firm's name > SIKICH LLP Firm's EIN > 36-3168081 Preparer Use Only Firm's address ► 1415 W DIEHL RD SUITE 400 Phone no (630) 566-8400 NAPERVILLE, IL 605632349 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)				Page 2
Pa	statement	of Program Service Acc	complishments		
	Check If Sche	dule O contains a response of	note to any line in this Part III		🗸
1	Briefly describe the o	organization's mission			
ADJU ACHI INSU INSU CREA CATA AND	ISTMENT AND RESOLU EVEMENT AND MAINT IRANCE CLAIMS 2 PRO IRANCE POLICY LANGU ATE EFFECTIVE INDUS ASTROPHE CLAIMS PER	ITION OF CLAIMS MORE SPECENANCE OF THE HIGHEST LE'DVIDE RESEARCH AND ANALY JAGE 4 PROMOTE DESIGN OF TRY TRAINING PROGRAMS 6 RSONNEL, AND AID CATASTRIGROUPS, ASSOCIATIONS, AND AUDIT OF THE RESEARCH OF THE RE	PROPERTY AND CASUALTY INSURAN CIFICALLY, THE PROPERTY LOSS RES VELS OF COMPETENCE AMONG THOS SIS OF CLAIMS COVERAGE ISSUES INNOVATIVE, FAIR AND EFFICIENT CONTRIBUTE TO THE INDUSTRY'S COPHE VICTIMS THROUGH PUBLIC INFUND OTHERS IN THEIR EFFORTS TO EN	EARCH BUREUA STRIVES TO 1 E REPRESENTING INSURERS IN 3 PROMOTE CLARITY IN, AND U CLAIMS ADJUSTING PRACTICES CLAIMS RESPONSE, ASSIST AND CORMATION 7 COOPERATE WIT	PROMOTE THE THE ADJUSTMENT OF JNDERSTANDING OF, 5 ARRANGE AND DEDUCATE H OTHER PROPERTY
2	Did the every ration	undertake any significant no	aram convece during the year which	ware not letted on	
2	-	undertake any significant pro or 990-EZ?	gram services during the year which	were not listed on	☐ Yes ☑ No
	'				□ res 🖭 No
3	•	ese new services on Schedule	O gnificant changes in how it conducts,		
3	-	cease conducting, or make si	gnificant changes in now it conducts,	any program	☐ Yes ☑ No
	services?	ese changes on Schedule O			□ Yes ☑ No
4	Describe the organiz Section 501(c)(3) ar	ation's program service accor	nplishments for each of its three large required to report the amount of gra service reported		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, (скраново ф	morating grants or \$) (No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code See Additional Data) (Expenses \$	including grants of \$) (Revenue \$)
4d		ces (Describe in Schedule O)		(D	
	(Expenses \$		grants of \$	(Revenue \$)
4e	Total program serv	vice expenses ▶			

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 🛸 . . Yes 5 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο

Yes

Yes

Yes

Yes

No

No

Nο

Nο

No

Nο

Nο

No

Nο

No

Nο

Nο

No

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

Yes

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permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

or X as applicable

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

15

0

1c

1a

1b

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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)? 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)	4a		No
5 -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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 sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	14b			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O	16		No

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Did the organization have members or stockholders? Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes 8b Yes Each committee with authority to act on behalf of the governing body? . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? . . . 10a Nο

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12h Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes Did the organization have a written whistleblower policy? 14 Yes 14 Did the organization have a written document retention and destruction policy? . Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Nο Nο in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶PETER BECKER 3025 HIGHLAND PARKWAY NO 800 DOWNERS GROVE, IL 60515 (630) 724-2200

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 $\,$.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- 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"

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization	n and any relate	ed organ	nızatı	ons				,	,	,
 List all of the organization's former director organization, more than \$10,000 of reportable co 	r s or trustees ompensation fro	that recom the o	ceived	d, ın	n the					
See instructions for the order in which to list the	persons above									
\square Check this box if neither the organization no	r any related or	rganızat	:ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	perso and	an one son is I a dir	e bo both	t che ox, u h an or/tru	unless office rustee)	er e)	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	line)	Individual trustee or director	Institutional Trustee	<u> </u>	key employee	Highest compensated employee	<u>।</u>			
(1) SEAN B MCSWEENEY CHAIRMAN	1 00	×		х				0	0	0
(2) BONNIE LEE VICE CHAIRMAN	1 00	x		х				0	0	0
(3) RICHARD CREEDON DIRECTOR	1 00	X						0	0	0
(4) ROBERT DIMUCCIO DIRECTOR	1 00	X						0	0	0
(5) BRUCE KELLEY DIRECTOR	1 00	×						0	0	0
(6) JEFFREY KUSCH DIRECTOR	1 00	x						0	0	0
(7) RICHARD LONG DIRECTOR	1 00	×						0	0	0
(8) JEFF MILLS DIRECTOR	1 00	×						0	0	0
(9) FW PURMORT III DIRECTOR	1 00	X						0	0	0
(10) MARK WILLSON DIRECTOR	1 00	×						0	0	0
(11) CHAD ZIERKE DIRECTOR	1 00	x						0	0	0
(12) THOMAS MALLIN PRESIDENT & CEO	36 00			x				625,399	0	59,190
(13) LEONARD MURPHY VP & GENERAL COUNSEL	36 00			х				295,497	0	61,248
(14) PETER BECKER TREASURER & VP INFO SERVICES	36 00			x				217,809	0	33,109
(15) MIKE BRODE	36 00		\Box	\Box			\Box	1		

\square Check this box if neither the organization no	r any related or	ganızat	ion co	mp	ens	ated a	any	current officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related	pers	n (do in one on is l a dire	both both	x, u n an or/tr	inless office ustee	er)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) SEAN B MCSWEENEY CHAIRMAN	1 00	×		X				0	0	0
(2) BONNIE LEE VICE CHAIRMAN	1 00	×		х				0	0	0
(3) RICHARD CREEDON DIRECTOR	1 00	×						0	0	0
(4) ROBERT DIMUCCIO DIRECTOR	1 00	×						0	0	0
(5) BRUCE KELLEY DIRECTOR	1 00	×						0	0	0
(6) JEFFREY KUSCH DIRECTOR	1 00	х						0	0	0
(7) RICHARD LONG DIRECTOR	1 00	х						0	0	0
(8) JEFF MILLS DIRECTOR	1 00	х						0	0	0
(9) FW PURMORT III DIRECTOR	1 00	×						0	0	0
(10) MARK WILLSON DIRECTOR	1 00	×						0	0	0
(11) CHAD ZIERKE DIRECTOR	1 00	×						0	0	0
(12) THOMAS MALLIN PRESIDENT & CEO	36 00			Х				625,399	0	59,190
(13) LEONARD MURPHY VP & GENERAL COUNSEL	36 00			X				295,497	0	61,248
(14) PETER BECKER TREASURER & VP INFO SERVICES	36 00			×				217,809	0	33,109
(15) MIKE BRODE VP-EDUCATIONAL & TECH SERVICES	36 00			Х				118,699	0	29,020
(16) PAUL DISPENSA VP LIABILITY SERVICES	36 00			х				252,124	0	43,968
(17) JEFFREY KERENSKY VP PROPERTY LEGAL SERVICES	36 00			Х				244,543	0	37,948
										Form 990 (2019)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

Part VIII Section A. Officers, Directors	, musices, k	cy Liii	picy.		, an	u ing	1103	st compensated	Linployees (co	Terriaca	
(A) Name and title	(B) Average hours per week (list any hours	than o	ne bo	x, ι n of	t chi inle: ficer	and a	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount of comper from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organizai relai organiz	:ed
(18) SCOTT POWELL	36 00			X				131,555			28,504
VF-EDUCATIONAL & TECH SERVICES		••••						131,333		1	
(19) ELIZABETH STERNE	36 00			х				165,402			45,184
(20) PETER BALINGIT											
AVP CATASTROPHE SERVICES	36 00			Х				117,404	(19,398
(21) VALERIE BERKA	36 00										
SENIOR MEETINGS MGR		••••				×		111,209	(41,801
(22) JOHN HURLEY	36 00					Х		114,768			16,961
COUNSEL (23) THOMAS O'DOWD		••••						,			<u>, </u>
	36 00					×		111,209			41,801
(24) IEEEREY MARGUITS											
COUNSEL						×		112,468	1		26,261
(25) ANN BLOMQUIST	36 00					х		116,834			26,886
SENIOR STAFF ACCOUNTANT		••••						110,031	,	1	
1b Sub-Total					,	-					
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	•				,	-		2,734,920	0		511,279
2 Total number of individuals (including but							ceive	ed more than \$100	.000		
of reportable compensation from the orga					-, -			,	,		
										Yes	No
3 Did the organization list any former offic											
line 1a? If "Yes," complete Schedule J for										3	No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of reporta eater than \$150	ble com 1,000? 1	pens f "Ye:	atioi s," c	n an comp	d othe olete S	r co ched	mpensation from tl dule J for such			
5 Did any person listed on line 1a receive o	r accrue compe	neation	from	an.	n	relatec	Lora		fual for	Yes	
services rendered to the organization?If "								amzadon or marvic		;	No
Section B. Independent Contractors										l	
Complete this table for your five highest of from the organization. Report compensations	compensated in									nsation	
	(A)	iuai ye	ai eiic	anig	WIL	I OI W	rei (III)		(B)	(0	
Name and business address Description of services C ROGER H KING DBA RKM PRODUCTIONS A-V PRODUCTION							Comper	192,052			
3741 N HASHKNIFE COURT								·			
TUCSON, AZ 85749											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

orm 9 Part		(2019)	of D	lovonuo						Page 9
Рап	VIII				respo	nse or note to any	/ line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(6	1:	a Federated campa	aigns		1a		l	revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	. [1 b					
9 12 13 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		c Fundraising even	nts .	. [1c					
ifts, ar A		d Related organiza	tions	L	1 d					
£ رو ⊒ نو		e Government grants	(cont	ributions)	1e					
ions r Si	1	f All other contribution and similar amounts			1f					
but the		aboveg Noncash contribution	ons inc	L cluded in						
		lines 1a - 1f \$		L	1 g					
<u>ة ت</u>		h Total. Add lines	1a-1f	· · ·	•	•				
	_	ACCECCMENTS				Business Code	6,500,900	6,500,900		
<u>ı</u>	2a ASSESSMENTS				900099	2,222,222				
Program Service Revenue	b	CONFERENCES, CON	VENTI	ONS, MEETIN	G	900099	3,292,662	3,292,662		
.r 2 <u>₹</u>	c PUBLICATIONS				900099	2,508	2,508			
Ž,						300033				
35	d	I								
gran	e	•								
Ě										
		All other program								
	_	Total. Add lines 2 Investment income				9,796,070 nterest and other	1	1		
	9	sımılar amounts) .	•			•	604,87	4		604,874
		Income from invest Royalties		t of tax-exer		ond proceeds	•			
	_	,		(ı) Rea		(II) Personal				
	6a	Gross rents	6a							
		Less rental								
	_	expenses Rental income	6b				_			
		or (loss)	6с							
	C	Net rental income	e or ((u) Other				
	7a	Gross amount		(ı) Securi	lies	(II) Other	-			
	from sales of assets other than inventory			82,936						
						-				
		other basis and sales expenses	7b	4,3	84,706					
	_	Gain or (loss)	7c		-1,770					
		l Net gain or (loss)					-1,77			-1,770
a	8a	Gross income from fu (not including \$	undrai	sing events of						
Other Revenue		contributions reported See Part IV, line 18		ine 1c)						
Rev					8a 8b		_			
er		Less direct expen Net income or (los				ents				
		C				-				
	Уa	Gross income from See Part IV, line 19			9a					
		Less direct expen			9b					
	C	: Net income or (los	ss) fro	om gaming a	ectivit	es >	1			
	10	aGross sales of inve								
	ŀ	returns and allowa Less cost of good			10a 10b					
		Net income or (los				orv •				
		Miscellaneo				Business Code				
	11	la								
	L									
	Ŀ	•								
		:								
	c	All other revenue	•							
		Total. Add lines 1				•				
	12	? Total revenue. S	ee in	structions .		• • • •	10,399,17	9,796,070		0 603,104
										Form 990 (2019)

Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organizati	ons must complete col	umn (A)
	Check if Schedule O contains a response or note to an	y line in this Part IX			\square
	nclude amounts reported on lines 6b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ts and other assistance to domestic organizations and estic governments See Part IV, line 21	10,000			
	ts and other assistance to domestic individuals. See				
	ts and other assistance to foreign organizations, foreign ernments, and foreign individuals. See Part IV, lines 15				
4 Bene	fits paid to or for members				
	pensation of current officers, directors, trustees, and employees	2,526,001			
defin	pensation not included above, to disqualified persons (as led under section 4958(f)(1)) and persons described in on 4958(c)(3)(B)				
7 Othe	r salaries and wages	3,190,823			
	ion plan accruals and contributions (include section 401 ind 403(b) employer contributions)	534,233			
9 Othe	r employee benefits	435,812			
10 Payr	oll taxes	343,723			
	for services (non-employees)				
	agement				
_	-				
	unting				
	rying				
e Profe	essional fundraising services See Part IV, line 17				
f Inve	stment management fees				
	r (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	50,452			
. 2 Adve	ertising and promotion				
. 3 Offic	e expenses	32,635			
.4 Infor	mation technology	636,063			
. 5 Roya	ilties				
	pancy	503,700			
		183,148			
L 8 Payn	nents of travel or entertainment expenses for any ral, state, or local public officials	,			
L 9 Conf	erences, conventions, and meetings				
	rest			+	
	-			+	
	nents to affiliates	64.000			
•	reciation, depletion, and amortization	64,982			
	rance	53,677			
misc exce	er expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount eds 10% of line 25, column (A) amount, list line 24e enses on Schedule O)				
	OD AND BEVERAGE	913,549			
b MIS	SCELLANEOUS	97,484			
c CO	NTINUING EDUCATION	75,549			
d BO	ND PREMIUM AMORTIZATI	66,806			
e All	other expenses	74,731			
25 Tota	I functional expenses. Add lines 1 through 24e	9,793,368			
26 Join repo	t costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation				
	k here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

23

24

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

6,733,266 355,753

1,506,437

9.483.667

20,367,241

20,367,241

29,850,908

Form 990 (2019)

24

25

26

27

28

29

30

31

32

33

1,221,151

9.184.898

19,175,794

19,175,794

28,360,692

Page **11**

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

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	6,644,449	1	6,
Savings and temporary cash investments	30.002	2	;

- 1		<u> </u>			
	2	Savings and temporary cash investments	30,002	2	
	3	Pledges and grants receivable, net		ε	
	4	Accounts receivable, net	2,994,589	4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled		1	

2,910,421 entity or family member of any of these persons . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . 8 Inventories for sale or use

As	9	Prepaid expenses and deferred charges	104,535	9	168,060		
	1	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,264,863			
	Ь	Less accumulated depreciation	10 b	2,076,262	76,133	10 c	188,601
	11	Investments—publicly traded securities .			17,364,075	11	18,074,968
	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	1,146,909	15	1,419,839		
	16	Total assets. Add lines 1 through 15 (must equ	28,360,692	16	29,850,908		
	17	Accounts payable and accrued expenses		33,895	17	40,623	
	18	Grants payable				18	
	19	Deferred revenue			7,929,852	19	7,936,607
	20	Tax-exempt bond liabilities				20	
ي	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contrior family member of any of these persons		22			
□	23	Secured mortgages and notes navable to unrela		23	1		

Other liabilities (including federal income tax, payables to related third parties,

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 36-1516660

Name: PROPERTY LOSS RESEARCH BUREAU

Form 990 (2019)

(2019)

Form 990, Part III, Line 4a:

THE BUREAU'S 2019 MEMBERSHIP CENSUS WAS MADE UP AS FOLLOWS 1005 MEMBER COMPANIES AND 272 AFFILIATE MEMBERS SERVICES TO THESE MEMBER ORGANIZATIONS INCLUDED EDUCATION AND TRAINING, LEGAL AND CLAIMS RESEARCH SERVICES, AND OTHER SERVICES

Form 990, Part III, Line 4b: THE MAJOR CONFERENCES HELD IN 2019 WERE THE CLAIMS CONFERENCE, THE LARGE LOSS CONFERENCE, AND THE THREE REGIONAL ADJUSTERS CONFERENCES ATTENDANCE FOR EACH CONFERENCE WAS AS FOLLOWS CLAIMS CONFERENCE - 1,675 (48% OF MEMBERS, 15% OF AFFILIATES) LARGE LOSS CONFERENCE - 991 (33%

OF MEMBERS, 34% OF AFFILIATES)THREE REGIONAL ADJUSTERS CONFERENCES - 1,779 (40% OF MEMBERS, 22% OF AFFILIATES)

Form 990, Part III, Line 4c: PLRB PROVIDES AN EVER-GROWING INVENTORY OF CONTINUING EDUCATION ACCREDITED SELF-STUDY MODULES MATERIALS ARE PREPARED BY STAFF, INDUSTRY

AND PLRB HAS AUTOMATED MUCH OF THE PROCESS BY WHICH THE USER APPLIES FOR AND RECEIVES CONTINUING EDUCATION CREDIT IN 2019. 24.517 USERS

PARTICIPATED IN 84 DIFFERENT MODULES, OF WHICH 14,707 MODULES WERE COMPLETED BY USERS ALSO IN 2019, PLRB PROVIDED 10 WEBINARS THAT REGISTERED

4,116 LOGINS AND AN ESTIMATED 6,134 TOTAL VIEWERS BASED ON PARTICIPANT SURVEYS

MODULES CAN BE ACCESSED FROM ANY WEB ENABLED PC. TEST RESULTS ARE TRACKED BY PLRB. CERTIFICATES OF COMPLETION CAN BE PRINTED OUT BY THE USER.

VOLUNTEERS, OR ARE EDITED VIDEO-RECORDED PRESENTATIONS BY THE INDUSTRY'S LEADING CLAIMS SERVICE PROVIDERS AT OUR CLAIMS CONFERENCE. THESE

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493098007490

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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) organizations Complete Part III Name of the organization **Employer identification number** PROPERTY LOSS RESEARCH BUREAU 36-1516660 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committe	fund or a political action committee (PAC) If additional space is needed, provide information in Part IV											
(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-								
1												
2												
3												
4												
5												
5												
or Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C (Form 990 or 990-EZ) 2019								

activity

(b)

Amount

(a)

Yes | No

			' '''			-
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	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?					
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					
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?					
Par	: III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	r section	on		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01 (c	(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
Ь	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does		1			
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4 5				
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D

DLN: 93493098007490

Cat No 52283D Schedule D (Form 990) 2019

2019

OMB No 1545-0047

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.

(Form 990)

	rtment of the Treasury nal Revenue Service	► Go to <u>www.irs.gov/Forn</u>	► Attach to Form 99 1990 for instruction			Open to Public Inspection
	me of the organi				Employer ide	ntification number
PKU	JPERTY LUSS RESEAF	RCH BUREAU			36-1516660	
Pa		zations Maintaining Donor Advi			r Accounts.	
	Complet	te if the organization answered "Ye		art IV, line 6. advised funds	(b) Funds	and other accounts
	Total number at a	end of year	(a) Dollor a	auviseu iulius	(b) runus	and other accounts
2		of contributions to (during year)				
3		of grants from (during year)				
1	Aggregate value	• • • • • • • • • • • • • • • • • • • •				
5		ation inform all donors and donor adviso roperty, subject to the organization's ex		assets held in donor ad	vised funds are t	he Yes No
5		ation inform all grantees, donors, and donors and donor and not for the benefit of the donor				nissible
Pa		vation Easements. te if the organization answered "Ye	es" on Form 990, Pa	art IV, line 7.		
L	Purpose(s) of co	enservation easements held by the orga	nızatıon (check all tha	t apply)		
	☐ Preservation	on of land for public use (e g , recreation	n or education)	Preservation of an	historically impo	rtant land area
	Protection	of natural habitat	[Preservation of a c	ertified historic s	tructure
	☐ Preservation	on of open space				
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation	contribution in the for		the End of the Year
а	Total number of	conservation easements			2a	
b	Total acreage res	stricted by conservation easements			2b	
c	Number of conse	ervation easements on a certified histori	ıc structure ıncluded ıı	n (a)	2c	
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06, an	d not on a historic	2d	
3	Number of consetax year ►	ervation easements modified, transferre	ed, released, extinguis	shed, or terminated by t	the organization (during the
1	Number of state	s where property subject to conservation	on easement is located	d►		
5		zation have a written policy regarding the tof the conservation easements it hold:		ງ, inspection, handling ເ		□ Yes □ No
5	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of viola	ations, and enforcing co		
	<u> </u>					
7	Amount of exper ▶ \$	nses incurred in monitoring, inspecting,	handling of violations	s, and enforcing conserv	ation easements	during the year
3	Does each conse and section 170	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the rec	juirements of section 17	70(h)(4)(B)(ı)	☐ Yes ☐ No
•	balance sheet, a	cribe how the organization reports cons and include, if applicable, the text of the 's accounting for conservation easemen	footnote to the orgar			
aı	rt IIII Organiz	zations Maintaining Collections	of Art, Historical		er Similar Ass	ets.
		te if the organization answered "Ye				
La	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, edu	ication, or research in fi		
b	historical treasui	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items				
(ed on Form 990, Part VIII, line 1			▶ \$	
		in Form 990, Part X			▶ \$	
2 `	If the organization	on received or held works of art, histori its required to be reported under SFAS			ncıal gaın, provid	e the
а	_	ed on Form 990, Part VIII, line 1	,,a	<u> </u>	▶ \$	
h		In Form 990 Part V			·	

Sche	dule D (Form 990) 2019							Page 2
Par	Organizations Maintaining Collections	of Art, Histori	cal Treası	ıres, or Other	Similar Ass	ets (contir	nued)	
3	Using the organization's acquisition, accession, and other items (check all that apply)	er records, check	any of the fo	llowing that are a	significant use	of its colle	ection	
а	Public exhibition	d	☐ Loan	or exchange prog	grams			
b	Scholarly research	e	☐ Othe	r				
c	Preservation for future generations							
4	Provide a description of the organization's collections ar Part XIII	d explain how the	ey further the	e organization's ex	xempt purpose	· In		
5	During the year, did the organization solicit or receive d assets to be sold to raise funds rather than to be mainta	•			nılar [☐ Yes	□ N-	0
Pa	t IV Escrow and Custodial Arrangements. Complete if the organization answered "Ye X, line 21.	s" on Form 990	, Part IV, lı	ne 9, or reporte	ed an amoun	t on Form	990,	Part
1a	Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?	r intermediary for	contribution	s or other assets	not [Yes	□ N-	0
ь	If "Yes," explain the arrangement in Part XIII and comp	lete the following	table		Am	ount		_
c	Beginning balance	icte the following	table.	1c				_
d	Additions during the year			1d				_
е	Distributions during the year			1e				_
f	Ending balance			1f				_
	•				- Kulukun			_
2a	Did the organization include an amount on Form 990, P.					_	⊔ N	0
	If "Yes," explain the arrangement in Part XIII Check he	re if the explanati	on has been	provided in Part 2	XIII l			
Ċ	rt V Endowment Funds. Complete if the organization answered "Ye	s" on Form 990	Part IV lu	ne 10				
	(a) Curr			(c) Two years back	(d) Three years	back (e) F	our year	rs back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships						,	
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2 a	Provide the estimated percentage of the current year er Board designated or quasi-endowment	nd balance (line 1	g, column (a)) held as		•		
b	Permanent endowment ►							
c	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 2c should equal 1	00%						
3a	Are there endowment funds not in the possession of the organization by $ \\$	e organization that	are held an	d administered fo	r the		Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
	If "Yes" on 3a(II), are the related organizations listed as	•				3b		
4	Describe in Part XIII the intended uses of the organization	on s endowment i	unas					
Pal	t VI Land, Buildings, and Equipment. Complete if the organization answered "Ye	s" on Form 990	. Part IV. li	ne 11a. See Foi	rm 990. Part	X. line 10)_	
	Description of property (a) Cost or other basis (investment)	(b) Cost or other					ook value	e
1a	Land							
	Buildings	1						
	Leasehold improvements		145,603		145,603			0
	Equipment		22,117		22,117			0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

188,601

188,601

1,908,542

	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category	Part IV, lii (b)	ne 11l		Part X, line 12. od of valuation
	(including name of security)	Book value			f-year market value
(1) Financia	al derivatives	value			
	held equity interests				
•					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(1)				
Part VIII	in (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	•			
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, lıı	ne 110		
	(a) Description of investment			(b) Book value	(c) Method of valuation Cost or end-of-year market
(1)				<u> </u>	value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)		•		
Part IX	Other Assets.	ing TV/ lin		•	
	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, III	e IIu	. See Form 990, Pa	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.				•
Part A	Complete if the organization answered 'Yes' on Form 990, P	art IV, lın	e 11e	or 11f.See Form	
1.	(a) Description of liability				(b) Book value
(3)	income taxes				
(4)					1
(5)					
(6)					
					1
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col (B) line 25)			•	
	or uncertain tax positions. In Part XIII, provide the text of the footnot o's liability for uncertain tax positions under FIN 48 (ASC 740). Check				

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2019

Add lines 4a and 4b .

Part XI

2

3

4

5

1

2

3

5

Part XII

Page 4

			,
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
	OUL (D. I. D. I.VIIII.)		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Other (Describe in Part XIII) Add lines 2a through 2d

2e 585,641 3 10,332,368

Add lines Za through Zu	•	•	•	•	•	•	•	•	•	•	•	•	•
Subtract line ${f 2e}$ from line ${f 1}$.													
Amounts included on Form 990,	Part	VII	I, lır	ne 1	2, b	ut n	ot o	n lir	ne 1				
Investment expenses not include	ed or	n Fo	rm '	990,	, Par	t VI	II, I	ine	7b				4
Other (Describe in Part XIII) .													\Box

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Part XIII Supplemental Information

Return Reference

See Additional Data Table

4a 4b 66.806

585.641

2e

3

4c

5

66.806

| 2a |

2a 2b

2c 2d

4a 4b

Explanation

66,806 4c 5 10,399,174 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

9,726,562

9,726,562

66,806

9.793.368

Schedule D (Form 990) 2019

Page 5	Schedule D (Form 990) 2019				
	ormation (continued)	Part XIII Supplemental Info	Part XIII		
	Explanation	Return Reference	Re		

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 36-1516660

Name: PROPERTY LOSS RESEARCH BUREAU

Supplemental Information

appreniental annormation									
Return Reference	Explanation								
PART X, LINE 2	THE BUREAU IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REV ENUE CODE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, PURSUANT TO A LETTER FROM T HE INTERNAL REVENUE SERVICE DATED DECEMBER 15, 1976								

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BOND AMORTIZATION EXPENSE 66,806

upplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BOND AMORTIZATION EXPENSE 66,806

Sı

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Note: To capture the full co	ntent of this d	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	en printing.			
Schedule I		Cranta and O	thar Assistanc	o to Organia	otiono			OMB No 1545-0047
(Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States								2019
				-	-			4 019
	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public
Department of the Treasury		► Go to www	v.irs.gov/Form990 for		on.			Inspection
Internal Revenue Service		, do to <u></u>	THIS I GOT TO THE STATE OF THE	the latest information	/			
Name of the organization	A I I					Emp	oloyer identific	cation number
PROPERTY LOSS RESEARCH BURE	40					36-	1516660	
Part I General Informa	tion on Grants	and Assistance						
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	award the grants nization's procedur	or assistance? es for monitoring the use	e of grant funds in the Un	ited States				☐ Yes ☑ No
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes"	on Form 990), Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose of grant or assistance
(1) HOPE CLINIC & CARE CENTER 1814 APPLETON ROAD MENASHA, WI 549521110	47-3031346	501(C)(3)	10,000					CONTRIBUTION TO HOPE CLINIC
2 Enter total number of sectio	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. ▶	1
3 Enter total number of other	organizations listed	d in the line 1 table					. ▶	1
For Paperwork Reduction Act Notice				Cat No 50055				nedule I (Form 990) 2019

chedule I (Form 990) 2019 Part III Grants and Other Assistance t Part III can be duplicated if addit		Complete if the organization	answered "Yes" on For	m 990, Part IV, line 22	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1)					
2)					
)					
)					
)					
)					
)					
Part IV Supplemental Information	tion. Provide the informa	ition required in Part I,	ine 2; Part III, colum	nn (b); and any other additiona	al information.

Schedule I (Form 990) 2019

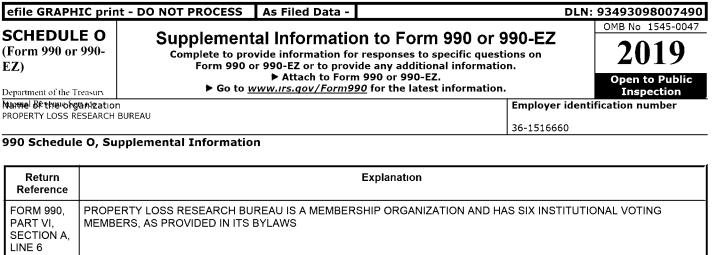
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Schedule J (Form 990)		Compensation Information					OMB No 1545-0047		
		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2019			
D		► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public		
•	tment of the Treasury al Revenue Service	P GO to <u>www.ms.gov/</u>	101111990	mistractions and the latest mion		Insp	ectio	n	
	me of the organiza				Employer identifica	tion nu	ımber		
					36-1516660				
Pa	rt I Questi	ons Regarding Compensation	on				I		
1 a				the following to or for a person liste y relevant information regarding the			Yes	No_	
		s or charter travel	·	Housing allowance or residence for					
		companions		Payments for business use of perso	•				
	☐ Tax idemi	nification and gross-up payments		Health or social club dues or initiati	on fees				
	Discretion	nary spending account		Personal services (e g , maid, chaut	ffeur, chef)				
b				follow a written policy regarding pay /e? If "No," complete Part III to expl		1b			
2				or allowing expenses incurred by all		2			
	directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Lii	ne 1a?				
3	organization's C	EO/Executive Director Check all t	hat apply Don	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	✓ Compensa	ation committee	✓	Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee				
4	During the year related organiza		0, Part VII, Sec	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-contro	ol payment?			4a		No	
b	Participate in, o	r receive payment from, a supplen	nental nonquali	fied retirement plan?		4b	Yes		
c				4c		No			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III								
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.					
5	For persons liste		A, line 1a, did t	the organization pay or accrue any					
а	The organization	n [?]				5a			
b	Any related orga					5b			
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section on tingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any					
a	The organization					6a			
Ь	Any related orga	anızatıon? 6a or 6b, describe in Part III				6b			
7	•	•	Δ line 1a did +	the organization provide any nonfixe	d				
•		escribed in lines 5 and 6? If "Yes,"			u	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe				
9		8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	action Act Notice, see the Instr	uctions for Fo	rm 990. Cat No '	50053T Schedule J		1 990)	2019	

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 n	ot list any individuals that)(i)-(iii) for each listed ind	are not listed on Form 9	90, Part VII		•	·	t ındıvıdual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC of (ii) Base compensation (iii) Bonus & incentive compensation		C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 THOMAS MALLIN PRESIDENT & CEO	(i) (ii)	443,083 0	134,700 0	47,616 	41,440 0	17,750 0	684,589 	0
2 LEONARD MURPHY VP & GENERAL COUNSEL	(i)		48,424	12,396	41,440	19,808	356,745	0
VP & GENERAL COONSEL	(ii)		0	0	0	0	0	0
3 PETER BECKER TREASURER & VP INFO	(i)	180,888	36,240	681	32,181	928	250,918	0
SERVICES	(ii)	0	0	0	0	0	0	0
4 PAUL DISPENSA VP LIABILITY SERVICES	(i)	192,776	39,168	20,180	34,781	9,187	296,092	0
VP LIADILITY SERVICES	(ii)	0	0	0	0	0	0	0
5 JEFFREY KERENSKY VP PROPERTY LEGAL	(i)	201,884	42,231	428	36,391	1,557	282,491	0
SERVICES	(ii)	0	0	0	0	0	0	0
6 SCOTT POWELL VP-EDUCATIONAL & TECH	(i)	109,155	21,799	601	16,752	11,752	160,059	0
SERVICES	(ii)	0	0	0	0	0	0	0
7 ELIZABETH STERNE	(i)	149,268	15,587	547	25,376	19,808	210,586	0
AVP SPECIAL COUNSEL & SECRETARY	(ii)	0	0	0	0	0	0	0
8 VALERIE BERKA	(i)	99,332	11,877	0	17,578	24,223	153,010	0
SENIOR MEETINGS MGR	(ii)	0	0	0	0	0	0	0
9 THOMAS O'DOWD	(i)	99,332	11,877	0	17,578	24,223	153,010	0
SENIOR MARKETING & EXHIBITS MGR	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019				
Part III Supplemental Inform	Part III Supplemental Information			
Provide the information, explanation, or	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information			
Return Reference	Explanation			
PART I, LINE 4B	THOMAS MALLIN SERP CONTRIBUTION - \$17,510 98			
	Schedule 1 (Form 990) 2019			



Return Explanation
Reference

ľ	FORM 990,	EACH OF THE SIX INSTITUTIONAL VOTING MEMBERS IDENTIFIED IN THE BYLAWS DESIGNATES A REPRESE
	PART VI,	NTATIVE THAT IS APPOINTED TO THE 11-MEMBER BOARD OF DIRECTORS THE REMAINING FIVE MEMBERS
	SECTION A,	OF THE BOARD OF DIRECTORS ARE APPOINTED BY THE SIX REPRESENTATIVES OF THE VOTING MEMBERS
	LINE 7A	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION A,
LINE 7B
UNDER THE BYLAWS, NO ACTION OF THE BOARD OF DIRECTORS AMENDING THE BYLAWS OR ARTICLES OF I
NCORPORATION, 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 O
F THE BUREAU, SHALL BE EFFECTIVE WITHOUT THE UNANIMOUS WRITTEN CONSENT OF THE VOTING MEMBE
RS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROPERTY LOSS RESEARCH BUREAU'S (PLRB) FORM 990 WAS PREPARED ON BEHALF OF PLRB BY THE ACCO UNTING FIRM SIKICH LLP WHO ALSO SERVE AS PLRB'S INDEPENDENT AUDITORS PLRB'S STAFF ACCOUNT ANT, ANN BLOMQUIST, CONSULTED WITH SIKICH LLP ABOUT VARIOUS INFORMATION REQUESTED BY THE FORM PLRB PRESIDENT & CEO, THOMAS W MALLIN, REVIEWED THE PROPOSED ANSWERS TO ALL THE LINE S AND QUESTIONS ON THE FORM AND DRAFTED NARRATIVE INFORMATION REQUESTED BY THE FORM 990 A LL REVIEW OF PLRB'S FORM 990 BY THE PLRB PRESIDENT OCCURRED PRIOR TO THE FILING OF THAT FORM 990 WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES ARE REQUIRED TO FULLY DISCLOSE TO THEIR SUPERVISORS ANY ACTIVITIES WHICH MIG HT BE PROHIBITED UNDER SECTION 5 4, CONFLICT OF INTEREST, OF THE PLRB EMPLOYEE HANDBOOK I N 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 AFTE R SUCH INVESTIGATION, MANAGEMENT DETERMINES WHETHER THE ACTIVITY EITHER VIOLATES OR DOES N OT VIOLATE PLRB'S CONFLICT OF INTEREST POLICY AND TAKES ANY REQUIRED STEPS TO ENFORCE THE POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE/COMPENSATION COMMITTEE OF THE PROPERTY LOSS RESEARCH BUREAU (PLRB) BOARD OF DIRECTORS REVIEWS THE PRESIDENT'S WRITTEN PERFORMANCE EVALUATIONS AND ANNUAL SALARY INCREA SE AND INCENTIVE COMPENSATION RECOMMENDATIONS FOR EACH OF PLRB'S VPS AND AVPS THE EXECUTI VE/COMPENSATION COMMITTEE ALSO REVIEWS THE PRESIDENT'S PERFORMANCE ANNUALLY AND INDEPENDEN TLY DETERMINES THE PRESIDENT'S ANNUAL SALARY INCREASE AND INCENTIVE COMPENSATION AWARD TH IS PROCESS IS UNDERTAKEN PURSUANT TO A BOARD-APPROVED PLRB PERFORMANCE EVALUATION AND SALA RY ADMINISTRATION PROGRAM WHICH INCLUDES A PERFORMANCE-BASED SALARY ADJUSTMENT GUIDE MATRI X THIS PROGRAM WAS ADOPTED BY THE BOARD AFTER IT WAS DEVELOPED BY AN INDEPENDENT COMPENSA TION CONSULTANT THAT COMPENSATION CONSULTANT ANNUALLY OFFERS RECOMMENDATIONS FOR UPDATING THE PLRB SALARY STRUCTURE AND APPLYING THE PERFORMANCE-BASED SALARY ADJUSTMENT GUIDE MATR IX, WHICH RECOMMENDATIONS ARE REVIEWED AND ADOPTED OR MODIFIED BY ACTION OF THE EXECUTIVE/COMPENSATION COMMITTEE AND THE PLRB BOARD OF DIRECTORS

Return Explanation
Reference

FORM 990,	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE
PART VI,	PUBLIC
SECTION C,	
LINE 19	

Return Explanation

Reference

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS AUDIT OVERSIGHT OR SELECTION PROCESS DURING THE TAX PART XII, PART XIII, PART XIIII, PART XIIIII, PART XIIIII, PART XIIIII, PART XIIIIII, PART XIIIIIIII, PART XIIIIII XIIIII XIIIII XIIIII XIIII XIIII XIIII XIIII X