

**2009**Open to Public  
InspectionForm **990****Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL FEDERATION OF INDEPENDENT</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>53 CENTURY BOULEVARD</b> <b>250</b> City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37214-3682</b>	<b>D</b> Employer identification number <b>94-0707299</b> <b>E</b> Telephone number <b>(615) 872-5800</b>
	<b>F</b> Name and address of principal officer: <b>DONALD A DANNER</b> <b>1201 F ST. NW, SUITE 200 WASHINGTON, DC 20004</b>	<b>G</b> Gross receipts \$ <b>100,391,174.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> <b>501(c) ( 6 )</b> ◀ (Insert no.) <input type="checkbox"/> <b>4947(a)(1)</b> or <input type="checkbox"/> <b>527</b>	<b>H(c)</b> Group exemption number ▶
	<b>J</b> Website: ▶ <b>WWW.NFIB.COM</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>NATIONAL FEDERATION OF INDEPENDENT BUSINESS' MISSION IS TO PROMOTE AND PROTECT THE RIGHTS OF ITS MEMBERS TO OWN, OPERATE AND GROW THEIR BUSINESSES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>1,097</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>2,265,920.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>44,380.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>4,329,508.</b>	<b>4,149,447.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>83,756,654.</b>	<b>78,438,373.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-1,741,150.</b>	<b>-765,598.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,656,535.</b>	<b>3,864,942.</b>
		<b>92,001,547.</b>	<b>85,687,164.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,929,997.</b>	<b>25,700.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>66,451,513.</b>	<b>58,641,664.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,398,648.</b>	<b>1,449,256.</b>
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25 ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>32,037,286.</b>	<b>21,071,557.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>101,817,444.</b>	<b>81,188,177.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-9,815,897.</b>	<b>4,498,987.</b>	
Net Assets or Fund Balances		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>32,317,357.</b>	<b>32,407,526.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>83,893,149.</b>	<b>69,265,554.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>-51,575,792.</b>	<b>-36,858,028.</b>

**Part II Signature Block**

Sign Here	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	Date <b>4/4/10</b>		
	Type or print name and title <b>Jeff Smith Treasurer</b>			
Paid Preparer's Use Only	Preparer's signature	Date <b>11.3.2006</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00292939</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>KPMG LLP</b> <b>300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401</b>	EIN ▶ <b>13-5565207</b>	Phone no. ▶ <b>336-275-3394</b>	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form 990 (2009)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	NATIONAL FEDERATION OF INDEPENDENT BUSINESS, INC.	Employer identification number	94-0707299
	Number, street, and room or suite no. If a P.O. box, see instructions. 53 CENTURY BOULEVARD, SUITE 250			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37214-3682			

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ JEFF SMITH

Telephone No. ▶ 615 872-5800

FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2009 or  
▶ ☐ tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NATIONAL FEDERATION OF INDEPEN BUSINESS, INC.</b>	Employer identification number <b>94-0707299</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>53 CENTURY BOULEVARD, SUITE 250</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37214-3682</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **JEFF SMITH**

Telephone No. **615 872-5800**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is

for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/2010**.
- 5 For calendar year **2009**, or other tax year beginning  and ending .
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A  
ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due: Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Monica J. Hayes** Title **CPA** Date **7.19.2010**

Form 8868 (Rev. 4-2009)

KPMG LLP  
300 NORTH GREENE STREET, SUITE 400  
GREENSBORO, NC 27401

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

NFIB IS A NONPARTISAN ADVOCACY ORGANIZATION THAT REPRESENTS SEVERAL HUNDRED THOUSAND SMALL AND INDEPENDENT BUSINESSES IN ALL FIFTY STATES. NFIB LOBBIES ON BEHALF OF SMALL AND INDEPENDENT BUSINESS AT THE FEDERAL LEVEL AND IN ALL FIFTY STATES. THROUGH ITS COMMUNICATION ACTIVITIES, NFIB ALSO PROVIDES ITS MEMBERS, ELECTED OFFICIALS, NEWS MEDIA AND THE GENERAL POPULATION WITH INFORMATION REGARDING THE IMPORTANCE OF SMALL AND INDEPENDENT BUSINESS AND THE VALUE OF THE FREE ENTERPRISE SYSTEM.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	12	X
12 A Was the organization included in consolidated, independent audited financial statement for the tax year? . . . . .	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	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	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	X

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		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 . . . . .	X	
24 a	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 question 25 . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		
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 . . . . .		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
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 . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	1a	116
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,097
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 this return. (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	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? . . . . .	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
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c 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 . . . . .	7d	
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
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: a Gross income from members or shareholders . . . . .	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

**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.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	1a	14
b Enter the number of voting members that are independent	1b	13
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed CA, FL,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFF SMITH 53 CENTURY BLVD. SUITE 250 NASHVILLE, TN 37214-3682  
615-872-5800



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY CLAYTON CHAIRMAN	1.00	X						38,211.	0	203.
DON COGMAN DIRECTOR	1.00	X						16,000.	0	203.
TOM MUSSER DIRECTOR	1.00	X						7,204.	0	203.
SUNDER RAMANI DIRECTOR	1.00	X						16,000.	0	203.
BRADLEY EIFFERT DIRECTOR	1.00	X						16,204.	0	203.
RUTH LOPEZ NOVODOR DIRECTOR	1.00	X						8,000.	0	203.
A JUNE LENNON DIRECTOR	1.00	X						16,000.	0	135.
THOMAS MICHAEL NOBIS DIRECTOR	1.00	X						8,204.	0	203.
MARIA COAKLEY DAVID DIRECTOR	1.00	X						8,204.	0	203.
DAVID M GUERNSEY DIRECTOR	1.00	X						16,380.	0	203.
ROBERT BLACKWELL DIRECTOR	1.00	X						500.	0	203.
NEVIN GROCE DIRECTOR	1.00	X						5,500.	0	203.
BETTY NEIGHBORS DIRECTOR	1.00	X						8,204.	0	203.
TODD A STOTTLEMYER PRESIDENT/CEO	40.00	X		X				80,970.	0	16,355.
DONALD A DANNER PRESIDENT/CEO	40.00	X		X				864,286.	0	73,452.
MARY BLASINSKY SVP/SECRETARY	40.00			X				374,889.	0	63,042.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TAMMY S BOEHMS SVP/CFO	40.00			X				387,805.	0.	42,609.
DARREN ELROD TREASURER	40.00			X				49,550.	0.	9,298.
JEFF SMITH TREASURER	40.00			X				117,107.	0.	12,933.
DAVID SILVERMAN SVP SALES & MARKETING	40.00				X			456,978.	0.	29,284.
STEPHEN WOODS VP STATE PUBLIC POLICY	40.00				X			332,727.	0.	73,802.
JOHN M LANIER SVP OPERATIONS	40.00					X		823,879.	0.	34,722.
SUSAN M ECKERLY SVP PUBLIC POLICY	40.00					X		225,421.	0.	48,231.
JAMES L SCHROEDER MEMBER SALES REP	40.00					X		234,916.	0.	49,778.
MARK GARZONE SVP MARKETING	40.00					X		217,383.	0.	28,986.
MARGIT OKLEVIK MEMBER SALES REP	40.00					X		217,037.	0.	57,218.
<b>1b Total</b>								4,547,559.	0.	542,281.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **103**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **16**

**Part VIII Statement of Revenue**

94-0707299

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	279,730.			
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	3,869,717.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .					
	h	Total. Add lines 1a-1f . . . . .		4,149,447.			
<b>Program Service Revenue</b>	2a	MEMBERSHIP DUES . . . . .	Business Code	541900	78,366,707.	78,366,707.	
	b	REGISTRATION FEES . . . . .	541900	71,666.	71,666.		
	c	. . . . .					
	d	. . . . .					
	e	. . . . .					
	f	All other program service revenue . . . . .					
	g	Total. Add lines 2a-2f . . . . .		78,438,373.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		682,383.		
4		Income from investment of tax-exempt bond proceeds . . . . .		0.			
5		Royalties . . . . .		1,172,988.			1,172,988.
			(i) Real	(ii) Personal			
6a		Gross Rents . . . . .		787,376.			
b		Less: rental expenses . . . . .		700,698.			
c		Rental income or (loss) . . . . .		86,678.			
d		Net rental income or (loss) . . . . .		86,678.			86,678.
			(i) Securities	(ii) Other			
7a		Gross amount from sales of assets other than inventory . . . . .		12,555,331.			
b		Less: cost or other basis and sales expenses . . . . .		14,001,484.	1,828.		
c		Gain or (loss) . . . . .		-1,446,153.	-1,828.		
d		Net gain or (loss) . . . . .		-1,447,981.			-1,447,981.
8a		Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
b		Less: direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . . . .		0.			
9a		Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
b		Less: direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .		0.			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less: cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .		0.				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
11a	OTHER INCOME . . . . .	541900	2,270,239.	128,899.	2,141,340.		
b	SPONSORSHIP INCOME . . . . .	541800	210,457.	210,457.			
c	ADVERTISING . . . . .	541800	124,580.		124,580.		
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		2,605,276.				
12	Total Revenue. See instructions . . . . .		85,687,164.	78,777,729.	2,265,920.	494,068.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	25,700.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,152,269.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	42,157,607.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,965,835.			
9 Other employee benefits . . . . .	7,043,213.			
10 Payroll taxes . . . . .	3,322,740.			
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	227,861.			
c Accounting . . . . .	94,595.			
d Lobbying . . . . .	944,050.			
e Professional fundraising services. See Part IV, line 17	1,449,256.			
f Investment management fees . . . . .	191,038.			
g Other . . . . .	3,780,715.			
12 Advertising and promotion . . . . .	373,997.			
13 Office expenses . . . . .	4,693,995.			
14 Information technology . . . . .	1,613,598.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	3,079,253.			
17 Travel . . . . .	3,565,201.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	416,498.			
20 Interest . . . . .	170,438.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	1,250,105.			
23 Insurance . . . . .	165,071.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>MSC EXPENSES PAID BY NFIB</u> . . . . .	505,142.			
b . . . . .				
c . . . . .				
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	81,188,177.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	929,777.	1	101,273.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	831,849.	4	481,583.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .	115,452.	8	120,173.
	9 Prepaid expenses and deferred charges . . . . .	927,308.	9	972,104.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 14,697,125.		
	b Less: accumulated depreciation . . . . .	10b 8,119,105.	6,149,952.	10c 6,578,020.
	11 Investments - publicly traded securities . . . . .	19,813,758.	11	21,768,948.
	12 Investments - other securities. See Part IV, line 11 . . . . .	217,843.	12	6,265.
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	3,331,418.	15	2,379,160.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	32,317,357.	16	32,407,526.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	57,110,125.	17	47,985,078.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	19,244,813.	19	19,525,828.
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	1,454,000.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	7,003,000.	24	0.
	25 Other liabilities. Complete Part X of Schedule D . . . . .	535,211.	25	300,648.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	83,893,149.	26	69,265,554.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-51,812,172.	27	-37,164,511.
	28 Temporarily restricted net assets . . . . .	236,380.	28	306,483.
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances</b> . . . . .	-51,575,792.	33	-36,858,028.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	32,317,357.	34	32,407,526.

Form 990 (2009)

**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

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.

Yes No

2a

X

2b

X

2c

X

3a

X

3b

Form 990 (2009)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.

Employer identification number

94-0707299

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 6 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization **NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.**Employer identification number  
**94-0707299****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 258,730.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 21,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization **NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.**Employer identification number  
**94-0707299****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	NATIONAL FEDERATION OF INDEPENDENT BUSINESS, INC.	Employer identification number	94-0707299
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 0.
- 3 Volunteer hours ▶ 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 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 ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 16,800.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 12,500.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 29,300.
- 4 Did the filing organization file Form 1120-POL for this year? ☒ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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 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-
REPUBLICAN STATE LEADERSHIP COMMITTEE	1800 DIAGONAL ROAD ALEXANDRIA, VA 22314	05-0532524	2,500.	0.
REPUBLICAN GOVERNORS ASSOCIATION	1747 PENNSYLVANIA AVE. WASHINGTON, DC 20006	11-3655877	10,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2009

JSA  
9E1264 2.000

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ☐ if the filing organization belongs to an affiliated group.B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
d	Other exempt purpose expenditures . . . . .														
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**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)).

	(a)		(b)
	Yes	No	Amount
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:			
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? If "Yes," describe in Part IV			
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), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	82,587,820.
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	34,737,514.
b Carryover from last year	2b	
c Total	2c	34,737,514.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	82,587,820.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-47,850,306.

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Part IV**      **Supplemental Information (continued)**[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization  
BUSINESS, INC. NATIONAL FEDERATION OF INDEPENDENT

Employer identification number

94-0707299

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 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 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment** See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		794,900.		794,900.
b Buildings . . . . .		3,872,176.	1,766,283	2,105,893.
c Leasehold improvements . . . . .		818,441.	637,381	181,060.
d Equipment . . . . .		6,498,257.	3,701,020	2,797,237.
e Other . . . . .		2,713,350.	2,014,420	698,930.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				6,578,020.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
ACCRUED INTEREST	121,638.
DUE FROM AFFILIATES	1,451,358.
INVESTMENT IN MEMBER SERVICES CORPORATION	142,315.
CASH SURRENDER VALUE - LIFE INSURANCE POLICIES	436,948.
DEPOSITS	226,901.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,379,160.

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	DUE TO AFFILIATES	12,696.
	EXECUTIVE LIFE INS ANNUITY	287,952.
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	300,648.

2. FIN 48 Footnote. In Part XIV, 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.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,687,164.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,188,177.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,498,987.
4	Net unrealized gains (losses) on investments	4	6,188,800.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	4,029,979.
9	Total adjustments (net). Add lines 4 through 8	9	10,218,779.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	14,717,766.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	84,055,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	700,698.
e	Add lines 2a through 2d	2e	700,698.
3	Subtract line 2e from line 1	3	83,354,786.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,038.
b	Other (Describe in Part XIV.)	4b	2,141,340.
c	Add lines 4a and 4b	4c	2,332,378.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	85,687,164.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	79,556,498.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	700,698.
e	Add lines 2a through 2d	2e	700,698.
3	Subtract line 2e from line 1	3	78,855,800.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,038.
b	Other (Describe in Part XIV.)	4b	2,141,339.
c	Add lines 4a and 4b	4c	2,332,377.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	81,188,177.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## FIN 48 FOOTNOTE

## SCHEDULE D, PART X, LINE 2

THE FEDERATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (THE CODE), AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE FEDERATION IS, HOWEVER, SUBJECT TO FEDERAL AND STATE INCOME TAX ON UNRELATED BUSINESS INCOME. THE FEDERATION HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, NOR DOES THE FEDERATION HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS.

## OTHER EXCESS/DEFECIT RECONCILIATION ITEMS

## SCHEDULE D, PART XI, LINE 8

EQUITY IN LOSS OF AFFILIATE ORGANIZATION (647,944)

NET CHANGE IN PENS. AND POSTRET. BENEFIT PLANS 4,677,923

-----  
TOTAL OTHER EXCESS/DEFECIT RECONCILIATION ITEMS (4,029,979)  
=====

## RENTAL EXPENSE RECLASS

## SCHEDULE D, PART XII &amp; XIII, LINE 2D

RENTAL EXPENSES WERE RECLASSED TO INCOME IN ORDER TO PROPERLY REFLECT RENTAL INCOME ON FORM 990 PART VIII, LINE 6B (\$700,698).

**Part XIV** Supplemental Information (continued)

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## MANAGEMENT FEE ALLOCATION

SCHEDULE D, PART XII &amp; XIII, LINE 4B

NATIONAL FEDERATION OF INDEPENDENT BUSINESS, INC. CHARGES A MANAGEMENT FEE TO NFIB MEMBER SERVICES CORPORATION. THIS INCOME IS BOOKED AS AN OFFSET TO THE EXPENSES ON THE TRIAL BALANCE AND MUST BE RECLASSIFIED TO REVENUE FOR PROPER PRESENTATION ON FORM 990.

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public  
Inspection**

Name of the organization NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.

Employer identification number  
94-0707299

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |   |  |
|---|--|---|--|
| a | <input checked="" type="checkbox"/> Mail solicitations               | e | <input type="checkbox"/> Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> Internet and email solicitations | f | <input type="checkbox"/> Solicitation of government grants     |
| c | <input checked="" type="checkbox"/> Phone solicitations              | g | <input type="checkbox"/> Special fundraising events            |
| d | <input checked="" type="checkbox"/> In-person solicitations          |   |  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NATIONAL CAPITAL TELESERVICES, LLC	TELEMARKET FUNDRAISING		X	2,124,890.	1,449,256.	675,634.
Total .....				2,124,890.	1,449,256.	675,634.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

FL,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .				
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .					

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

**13** Indicate the percentage of gaming activity operated in:

- |   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b If "Yes," enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_.

- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**  
**▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization **NATIONAL FEDERATION OF INDEPENDENT BUSINESS, INC.**

Employer identification number  
94-0707299

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

**3 Enter total number of other organizations**

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

Schedule I (Form 990) 2009

JSA

8E172\$ 2.000

530056 1985

V 09-8.4

52726

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART 1, LINE 2

USE OF GRANT FUNDS IS MONITORED ON AN ONGOING BASIS BY EXAMINING THE  
FINANCIAL PERFORMANCE OF THE GRANT RECIPIENTS. DURING THE CURRENT YEAR,  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS DID NOT PAY OUT ANY GRANTS  
THAT MET THE \$5,000 REPORTING THRESHOLD FOR SCHEDULE I.



SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization **NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.**

Employer identification number  
**94-0707299**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 X

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment? 4a X
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X
- c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? 5a
- b Any related organization? 5b
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? 6a
- b Any related organization? 6b
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DONALD A DANNER	(i) 484,691.	0.	379,595.	52,825.	20,627.	937,738.	
	(ii) 0.	0.	0.	0.	0.	0.	
MARY BLASINSKY	(i) 207,304.	0.	167,585.	44,293.	18,749.	437,931.	
	(ii) 0.	0.	0.	0.	0.	0.	
TAMMY S BOEHMS	(i) 269,594.	0.	118,211.	29,341.	13,268.	430,414.	
	(ii) 0.	0.	0.	0.	0.	0.	
DAVID SILVERMAN	(i) 250,279.	0.	206,699.	7,603.	21,681.	486,262.	
	(ii) 0.	0.	0.	0.	0.	0.	
STEPHEN WOODS	(i) 228,382.	0.	104,345.	58,581.	15,221.	406,529.	
	(ii) 0.	0.	0.	0.	0.	0.	
JOHN M LANIER	(i) 162,580.	0.	661,299.	21,805.	12,917.	858,601.	
	(ii) 0.	0.	0.	0.	0.	0.	
SUSAN M ECKERLY	(i) 223,001.	0.	2,420.	31,071.	17,160.	273,652.	
	(ii) 0.	0.	0.	0.	0.	0.	
JAMES L SCHROEDER	(i) 149,545.	85,371.	0.	40,887.	8,891.	284,694.	
	(ii) 0.	0.	0.	0.	0.	0.	
MARK GARZONE	(i) 213,849.	0.	3,534.	5,500.	23,486.	246,369.	
	(ii) 0.	0.	0.	0.	0.	0.	
MARGIT OKLEVIK	(i) 117,223.	99,814.	0.	42,605.	14,613.	274,255.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2009

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

## TRAVEL FOR COMPANIONS

## SCHEDULE J, PART 1, LINE 1A

UPON APPROVAL, A BOARD MEMBER'S COMPANION TRAVEL EXPENSES PAID BY NFIB

ARE INCLUDED IN THE BOARD MEMBER'S FORM 1099 AS TAXABLE INCOME.

UPON APPROVAL, AN EMPLOYEE'S COMPANION TRAVEL EXPENSES PAID OR REIMBURSED

BY NFIB ARE INCLUDED IN THE EMPLOYEE'S TAXABLE WAGES AS A TAXABLE "FRINGE

BENEFIT" AND TREATED AS SALARY, SUBJECT TO WITHHOLDING, ON THE EMPLOYEE'S

FORM W-2.

## TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

## SCHEDULE J, PART 1, LINE 1A

NFIB HAS A NON-QUALIFYING SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PLAN

PROVISIONS PROVIDE THAT ALL AFTER TAX BENEFITS BE GROSSED UP. THIS PLAN

WAS CLOSED TO NEW PARTICIPANTS IN 2008.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**DISCRETIONARY SPENDING ACCOUNT**

SCHEDULE J, PART 1, LINE 1A

AS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THE

COMPENSATION PACKAGE OF THE PRESIDENT MAY INCLUDE CERTAIN DISCRETIONARY

SPENDING AMOUNTS. OFFICERS AND EXECUTIVE MANAGEMENT OF THE COMPANY

RECEIVE A CELLULAR PHONE/DATA SERVICE ALLOWANCE. IN COMPLIANCE WITH IRS

CODE SECTION 132 THESE FRINGE BENEFITS ARE TREATED AS TAXABLE SALARY,

SUBJECT TO WITHHOLDING, ON THE EMPLOYEE'S FORM W-2.

**SEVERANCE PAYMENTS**

SCHEDULE J, PART I, LINE 4A

NATIONAL FEDERATION OF INDEPENDENT BUSINESS PAID THE FOLLOWING SEVERANCE

AMOUNTS:

JOHN LANIER \$146,810

DAVID SILVERMAN \$ 86,154

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN****SCHEDULE J, PART I, LINE 4B****NATIONAL FEDERATION OF INDEPENDENT BUSINESS, INC. PROVIDES THE FOLLOWING****EXECUTIVES A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:**

MARY R. BLASINSKY \$161,367

TAMMY S. BOEHMS \$115,703

DONALD A. DANNER \$361,224

SUSAN M. ECKERLY \$ 4,062

JOHN M. LANIER \$513,065

STEPHEN WOODS \$ 98,043

DAVID N. SILVERMAN \$116,353

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization  
**NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.**

Employer identification number  
**94-0707299**

**ATTACHMENT 1**

FORM 990 PROVIDED TO GOVERNING BODY

PART VI, SECTION B: GOVERNING BODY AND MANAGEMENT, LINE 11

FOLLOWING AN INDEPENDENT AUDIT OF ITS FINANCIAL STATEMENTS, A DRAFT OF  
NFIB'S FORM 990 IS PREPARED. THIS FORM 990 IS REVIEWED INTERNALLY BY  
NFIB'S TAX ACCOUNTANT, CONTROLLER/TREASURER, AND SVP/CFO. ANY QUESTIONS  
ARISING FROM THE INITIAL REVIEW ARE ADDRESSED TO ENSURE THE RETURN IS  
COMPLETE AND ACCURATE. ANY NECESSARY CHANGES/CORRECTIONS ARE MADE ON THE  
FORM 990 AND THE RETURN AGAIN GOES THROUGH NFIB'S INTERNAL REVIEW  
PROCESS. UPON APPROVAL OF THE SVP/CFO, THE FINAL RETURN IS FILED WITH THE  
INTERNAL REVENUE SERVICE. THE FINAL FILED RETURN IS MADE AVAILABLE TO THE  
BOARD OF DIRECTORS FOR REVIEW.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI, SECTION B: POLICIES, LINE 12

EACH BOARD MEMBER, OFFICER AND EMPLOYEE OF NFIB IS REQUIRED TO SIGN AND  
SUBMIT AN NFIB CODE OF CONDUCT & ETHICS CERTIFICATION FORM TO THE CFO'S  
OFFICE ON AN ANNUAL BASIS. BY COMPLETING THIS FORM, HE/SHE CONFIRMS THAT  
HE/SHE HAS READ THE CODE AND AGREES TO CONDUCT HIMSELF/HERSELF IN  
ACCORDANCE WITH THE CODE AND APPLICABLE LAWS. HE/SHE ALSO MUST LIST ON  
THE FORM ANY CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE  
WITH NFIB AND ANY OTHER ETHICAL CONCERNS ABOUT WHICH HE/SHE FEELS NFIB  
SHOULD BE MADE AWARE. THE CFO'S OFFICE WILL SUBMIT A REPORT TO THE  
FINANCE/AUDIT COMMITTEE REGARDING ANY MATERIAL ETHICAL OR LEGAL ISSUES  
DISCLOSED ON THE CERTIFICATION FORMS.

Name of the organization NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.

Employer identification number  
94-0707299

ATTACHMENT 1 (CONT'D)

DOCUMENT RETENTION POLICY

PART VI, SECTION B: POLICIES, LINE 14

THE NATIONAL FEDERATION OF INDEPENDENT BUSINESS HAS A WRITTEN DOCUMENT  
RETENTION POLICY FOR THE HUMAN RESOURCES AND FINANCE/ACCOUNTING  
FUNCTIONS. WE ARE CURRENTLY IN THE PROCESS OF CREATING A COMPREHENSIVE  
COMPANY POLICY.

PROCESS OF DETERMINING COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES

PART VI, SECTION B: POLICIES, LINE 15

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR  
DETERMINING COMPENSATION FOR THE CEO, CFO, SECRETARY, AND KEY EMPLOYEES  
OF THE ORGANIZATION. THE TREASURER'S COMPENSATION IS REVIEWED AND SET BY  
THE CEO. PERIODICALLY, AN OUTSIDE COMPENSATION CONSULTING FIRM IS ENGAGED  
TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS.  
THE RESULTS OF THIS INDEPENDENT REVIEW ARE PROVIDED TO THE EXECUTIVE  
COMMITTEE.

THE COMMITTEE RELIES ON THIS INDEPENDENT REVIEW TO ENSURE THAT REASONABLE  
COMPENSATION IS PAID TO THE CEO, CFO, SECRETARY, AND KEY EMPLOYEES. THE  
COMMITTEE'S PHILOSOPHY IS TO ENSURE THAT THE COMPENSATION FOR THESE  
POSITIONS RELATIVE TO MARKET COMPARISONS IS COMPETITIVE IN ORDER TO  
ATTRACT, RETAIN AND MOTIVATE QUALIFIED EMPLOYEES WHILE NOT BEING AT THE  
TOP OF THE RANGE.

THE COMMITTEE SETS THE COMPENSATION FOR THE CEO, CFO, SECRETARY, AND KEY  
EMPLOYEES EACH YEAR DURING THEIR MEETING WHICH IS TYPICALLY HELD IN  
JANUARY OR FEBRUARY. MINUTES FROM THESE ANNUAL MEETINGS ARE TAKEN BY THE

Name of the organization NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.

Employer identification number  
94-0707299

ATTACHMENT 1 (CONT'D)

CORPORATE SECRETARY DURING THE MEETING. WHEN THE MINUTES ARE REVIEWED  
AND APPROVED, THEY ARE RETAINED WITH ALL OTHER CORPORATE RECORDS.

DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, SECTION C: DISCLOSURE, LINE 19

IT IS NATIONAL FEDERATION OF INDEPENDENT BUSINESS' ("NFIB") POLICY TO  
MAKE AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, EITHER WRITTEN OR IN  
PERSON, ITS EXEMPTION APPLICATION, SUPPORTING DOCUMENTS AND ANY LETTER OR  
DOCUMENT ISSUED BY THE IRS CONCERNING THE APPLICATION. NFIB ALSO MAKES  
AVAILABLE FOR PUBLIC INSPECTION AND COPYING, UPON REQUEST, EITHER WRITTEN  
OR IN PERSON, ITS FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM  
INCOME TAX, AND ITS CONFLICT OF INTEREST POLICY.

FORMER OFFICERS

PART VII, LINE 3

TODD STOTTEMEYER AND DARREN ELROD WERE OFFICERS OF NATIONAL FEDERATION  
OF INDEPENDENT BUSINESS FOR THE FIRST PART OF THE YEAR ENDED DECEMBER 31,  
2009 AND THUS, REPORTED AS CURRENT YEAR OFFICERS. AS OF THE END OF THE  
CALENDAR YEAR, NEITHER OF THESE INDIVIDUALS WERE OFFICERS OF NATIONAL  
FEDERATION OF INDEPENDENT BUSINESS.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NATIONAL FEDERATION OF INDEPENDENT BUSINESS (NFIB) WAS FORMED FOR THE  
FOLLOWING PURPOSES:

A) EDUCATING AND INFORMING ALL ITS MEMBERS ON POLITICAL AND ECONOMIC



Name of the organization NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.

Employer identification number  
94-0707299

ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ISSUES;

B) EDUCATING AND INFLUENCING LAWMAKERS AND OTHER PUBLIC OFFICIALS ON  
THE INTERESTS, PROBLEMS AND NEEDS OF SMALL AND INDEPENDENT BUSINESS;

C) EDUCATING THE GENERAL PUBLIC, THE NEWS MEDIA AND PRIVATE-SECTOR  
EMPLOYEES ON THE INTERESTS, PROBLEMS AND NEEDS OF SMALL AND  
INDEPENDENT BUSINESS AND THE VALUES OF THE FREE-ENTERPRISE SYSTEM;

D) DETERMINING POSITIONS ON ECONOMIC AND LEGISLATIVE ISSUES BASED ON  
A MAJORITY OPINION OF THE NFIB MEMBERSHIP SURVEYED;

E) INFLUENCING THE DEVELOPMENT AND CONTENT OF PUBLIC POLICY AND  
LEGISLATION THAT AFFECT SMALL AND INDEPENDENT BUSINESS;

F) MOTIVATING NFIB MEMBERS TO ACTIVELY PARTICIPATE IN THE POLITICAL  
AND LEGISLATIVE PROCESS AND THE ELECTION OF RESPONSIVE PUBLIC  
OFFICIALS;

G) CONTINUALLY STRIVING TO IDENTIFY AND SERVE THE CHANGING NEEDS AND  
INTERESTS OF NFIB MEMBERS;

H) CONTINUING TO INCREASE THE INFLUENCE OF SMALL AND INDEPENDENT  
BUSINESS THROUGH NFIB MEMBERSHIP GROWTH;

I) DEVELOP EDUCATIONAL PROGRAMS TO ASSIST INDEPENDENT BUSINESS;

J) PRESERVE AND PROTECT THE CONSTITUTION OF THE UNITED STATES AND THE  
AMERICAN SYSTEM OF PRIVATE ENTERPRISE.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NATIONAL CAPITAL TELESERVICES INC 300 5TH STREET NE	TELEMARKETING SVCS.	1,449,256.

Name of the organization NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.

Employer identification number  
94-0707299

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WASHINGTON, DC 20002		
HAMMOCK PUBLISHING INC 3322 WEST END AVENUE NASHVILLE, TN 37203	PUB/WEB CONTENT	534,474.
IMC GLOBAL TECHNOLOGY SERVICES PVT LTD 11480 COMMERCE PARK DRIVE RESTON, VA 20191	I.T. CONSULTING	660,880.
AVECTRA INC 7901 JONES BRANCH DRIVE MCLEAN, VA 20176	CRM PROJECT	1,743,643.
CHERNOFF NEWMAN 1411 GERVAIS STREET COLUMBIA, SC 29201	ADVT/MARKETING SERV	694,575.
	TOTAL COMPENSATION	<u>5,082,828.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization  
**NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.**

Employer identification number  
**94-0707299**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NFIB YOUNG ENTREPRENEUR FOUNDATION 62-1557196 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214	EDUCATION	TN	501(C)(3)	SUP. ORG. I	NFIB
NFIB SMALL BUSINESS LEGAL CENTER 62-1570449 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214	PUB. LAW FIRM	TN	501(C)(3)	SUP. ORG. I	NFIB
NFIB RESEARCH FOUNDATION 04-3592337 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214	RESEARCH	TN	501(C)(3)	SUP. ORG. I	NFIB
NFIB FEDERAL SAFE TRUST 94-2532364 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214	PAC	CA	527	N/A	NFIB

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

Schedule R (Form 990) 2009

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**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
NETB MEMBER SERVICES CORPORATION 24-2899404 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214-3692	MEMBER BENEFITS	CA	NETB	C	4,830,323	1,659,996	100.0000

Schedule R (Form 990) 2009

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>n</b> Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) NFIB FEDERAL SAFE TRUST	LINE C	258,730.
(2) NFIB MEMBER SERVICES CORPORATION	LINE K	1,636,198.
(3) NFIB SMALL BUSINESS LEGAL CENTER	LINE M	109,706.
(4) NFIB YOUNG ENTREPRENEUR FOUNDATION	LINE M	73,137.
(5) NFIB RESEARCH FOUNDATION	LINE M	146,274.
(6) NFIB SMALL BUSINESS LEGAL CENTER	LINE O	66,936.

Schedule R (Form 990) 2009



Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

► See instructions for Schedule R (Form 990).

2009

**Open to Public Inspection**

Employer identification number  
94-0707299

[illegible]

Schedule R-1 (Form 990) 2009









**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (e-f)	(C) Amount involved
(7) NFIB YOUNG ENTREPRENEUR FOUNDATION	LINE P	112,142.
(8) NFIB SMALL BUSINESS LEGAL CENTER	LINE P	169,882.
(9) NFIB RESEARCH FOUNDATION	LINE P	201,360.
(10) NFIB MEMBER SERVICES CORPORATION	LINE P	505,142.
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
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Schedule R-1 (Form 990) 2009

