

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2011**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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.

**A** For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**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

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

53 CENTURY BOULEVARD

250

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37214-3682

**F** Name and address of principal officer: **DONALD A DANNER**  
1201 F ST. NW, SUITE 200 WASHINGTON, DC 20004**D** Employer identification number  
94-0707299**E** Telephone number

(615) 872-5800

**G** Gross receipts \$ 107,702,000.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☒ 501(c)(6) (Insert no.) 4947(a)(1) or 527**J** Website: ▶ WWW.NFIB.COM**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1949 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: NATIONAL FEDERATION OF INDEPENDENT BUSINESS' MISSION IS TO PROMOTE AND PROTECT THE RIGHTS OF ITS MEMBERS TO OWN, OPERATE AND GROW THEIR BUSINESSES.		
	<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>	15.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14.
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	1,180.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
		<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	211,959.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,755,275.	7,328,212.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and d)	80,481,908.	82,926,006.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	1,918,570.	1,420,513.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,792,543.	3,675,324.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,948,296.	95,350,055.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	125,932.	1,069,644.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,136,982.	62,453,472.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)	1,744,295.	1,625,150.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,921,022.	25,401,093.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,928,231.	90,549,359.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,020,065.	4,800,696.
	Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year
<b>21</b> Total liabilities (Part X, line 26)		38,313,643.	39,488,068.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		67,195,225.	90,094,178.
		-28,881,582.	-50,606,110.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Jeff Smith</i>	<b>Date</b> 5/11/12
	<b>Type or print name and title</b> Jeff Smith, Treasurer	

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	<b>Firm's name</b> ▶ KPMG LLP				P00292939
	<b>Firm's address</b> ▶ 401 COMMERCE STREET, SUITE 1000 NASHVILLE, TN 37219			<b>Firm's EIN</b> ▶ 13-5565207	<b>Phone no.</b> 615-244-1602

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ X

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 organization's program service accomplishments for each of its three largest program services, as measured 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 ▶

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**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 (see instructions)? . . . . .	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	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 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	

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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 any government or organization 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 line 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . .		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 (or a family member thereof) 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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .	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 ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	143
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	1,180
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	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: <input type="text"/> . . . . .		
See instructions for 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 line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	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
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
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	
<b>10 Section 501(c)(7) organizations. Enter:</b>		
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	
<b>11 Section 501(c)(12) organizations. Enter:</b>		
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	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <span style="float: right;">1a 15</span>		
b Enter the number of voting members included in line 1a, above, who are independent <span style="float: right;">1b 14</span>		
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

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

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**Check if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ATTACHMENT 2										
(1) TIMOTHY CLAYTON CHAIRMAN	1.00	X						34,158.	0	203.
(2) SUNDER RAMANI DIRECTOR	1.00	X						22,000.	0	203.
(3) BRADLEY EIFFERT DIRECTOR	1.00	X						17,200.	0	203.
(4) RUTH LOPEZ NOVODOR DIRECTOR	1.00	X						17,300.	0	203.
(5) A JUNE LENNON DIRECTOR	1.00	X						22,000.	0	135.
(6) THOMAS MICHAEL NOBIS DIRECTOR	1.00	X						17,200.	0	203.
(7) MARIA COAKLEY DAVID DIRECTOR	1.00	X						22,377.	0	203.
(8) DAVID M GUERNSEY DIRECTOR	1.00	X						22,000.	0	203.
(9) NEVIN GROCE DIRECTOR	1.00	X						17,200.	0	203.
(10) BETTY NEIGHBORS DIRECTOR	1.00	X						17,200.	0	203.
(11) KURT SUMMERS DIRECTOR	1.00	X						24,877.	0	203.
(12) JAMES HERR DIRECTOR	1.00	X						17,200.	0	203.
(13) BRUCE O'DONOGHUE DIRECTOR	1.00	X						16,200.	0	203.
(14) STEVE SCHRAMM DIRECTOR	1.00	X						17,400.	0	203.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) DONALD A DANNER PRESIDENT/CEO	40.00	X		X				701,332.	0	42,344.
(16) MARY BLASINSKY SVP/SECRETARY	40.00			X				272,700.	0	38,150.
(17) TAMMY S BOEHMS SVP/CFO	40.00			X				346,185.	0	25,484.
(18) JEFF SMITH TREASURER	40.00			X				160,757.	0	17,014.
(19) STEPHEN WOODS VP STATE PUBLIC POLICY	40.00				X			296,161.	0	33,587.
(20) SUSAN M ECKERLY SVP PUBLIC POLICY	35.00				X			289,766.	0	26,838.
(21) JOHN CASELLA SVP SALES	40.00				X			306,805.	0	38,563.
(22) MARK GARZONE SVP MARKETING	40.00					X		316,958.	0	40,946.
(23) BEVERLY SHEA VP DEVELOPMENT	40.00					X		236,369.	0	24,984.
(24) PAMELA CONNOR VP HUMAN RESOURCES	40.00					X		228,261.	0	39,142.
(25) DALE NELSON DIVISION MANGER	40.00					X		256,257.	0	9,246.
<b>1b Sub-total</b>								284,312.	0	2,774.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,634,252.	0	367,702.
<b>d Total (add lines 1b and 1c)</b>								3,918,564.	0	370,476.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **134**

**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

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

**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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 **30**



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

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 134

		Yes	No
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 . . . . .		X
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 . . . . .	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

**Part VIII Statement of Revenue**

				(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				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	7,328,212.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .					
	h	Total. Add lines 1a-1f . . . . .		7,328,212.			
<b>Program Service Revenue</b>	Business Code						
	2a	MEMBERSHIP DUES	541900	82,858,286.	82,858,286.		
	b	REGISTRATION FEES	541900	67,720.	67,720.		
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	Total. Add lines 2a-2f . . . . .		82,926,006.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		750,913.		60,000.	690,913.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		904,532.			904,532.
		(i) Real	(ii) Personal				
	6a	Gross rents . . . . .		480,017.			
	b	Less: rental expenses . . . . .		159,578.			
	c	Rental income or (loss) . . . . .		320,439.			
	d	Net rental income or (loss) . . . . .		320,439.			320,439.
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory . . . . .		12,861,967.			
	b	Less: cost or other basis and sales expenses . . . . .		12,158,757.	33,610.		
	c	Gain or (loss) . . . . .		703,210.	-33,610.		
	d	Net gain or (loss) . . . . .		669,600.			669,600.
	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				
Miscellaneous Revenue			Business Code				
11a	OTHER INCOME	541900	2,176,024.	164,384.	2,011,640.		
b	SPONSORSHIP INCOME	541800	94,970.	94,970.			
c	ADVERTISING	541800	179,359.		179,359.		
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		2,450,353.				
12	Total revenue. See instructions . . . . .		95,350,055.	83,185,360.	2,250,999.	2,585,484.	

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	1,069,644.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .	2,882,772.			
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 . . . . .	47,630,384.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,075,834.			
9 Other employee benefits . . . . .	5,158,386.			
10 Payroll taxes . . . . .	3,706,096.			
11 Fees for services (non-employees):	0			
a Management . . . . .	262,606.			
b Legal . . . . .	129,594.			
c Accounting . . . . .	1,153,417.			
d Lobbying . . . . .	1,625,150.			
e Professional fundraising services. See Part IV, line 17	244,325.			
f Investment management fees . . . . .	6,142,112.			
g Other . . . . .	1,416,643.			
12 Advertising and promotion . . . . .	4,896,590.			
13 Office expenses . . . . .	2,175,754.			
14 Information technology . . . . .	0			
15 Royalties . . . . .	3,110,004.			
16 Occupancy . . . . .	3,526,638.			
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	420,571.			
19 Conferences, conventions, and meetings . . . .	22,212.			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	1,297,750.			
22 Depreciation, depletion, and amortization . . . .	139,881.			
23 Insurance . . . . .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MSC EXPENSES PAID BY NFIB</u> . . . . .	462,996.			
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	90,549,359.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	2,736,869.	1	4,111,245.
	2 Savings and temporary cash investments . . . . .	0	2	0
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	613,517.	4	437,813.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	1,500,000.	7	1,500,000.
	8 Inventories for sale or use . . . . .	108,841.	8	101,628.
	9 Prepaid expenses and deferred charges . . . . .	865,611.	9	1,098,407.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 16,413,153.		
	b Less: accumulated depreciation . . . . .	10b 9,211,984.		
		6,534,500.	10c	7,201,169.
	11 Investments - publicly traded securities . . . . .	24,802,801.	11	24,066,301.
	12 Investments - other securities. See Part IV, line 11 . . . . .	11,639.	12	10,889.
	13 Investments - program-related. See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	0
15 Other assets. See Part IV, line 11 . . . . .	1,139,865.	15	960,616.	
16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	38,313,643.	16	39,488,068.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	47,339,830.	17	70,471,293.
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	19,636,819.	19	19,385,439.
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	218,576.	25	237,446.
	26 Total liabilities. Add lines 17 through 25 . . . . .	67,195,225.	26	90,094,178.
<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 . . . . .	-29,133,925.	27	-51,616,406.
	28 Temporarily restricted net assets . . . . .	252,343.	28	1,010,296.
	29 Permanently restricted net assets . . . . .	0	29	0
	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 Total net assets or fund balances . . . . .	-28,881,582.	33	-50,606,110.
	34 Total liabilities and net assets/fund balances . . . . .	38,313,643.	34	39,488,068.

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,350,055.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,549,359.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,800,696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-28,881,582.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,525,224.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	-50,606,110.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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		

Form 990 (2011)

**Schedule of Contributors**

OMB No. 1545-0047

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

**2011**

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 foundation

Check 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, total 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 total 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 Part I, 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).

Name of organization **NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.**Employer identification number  
**94-0707299****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 13,500.	Person <input 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="" 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="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	Person <input 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 15,000.	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.)
9		\$ 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.)
10		\$ 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.)
11		\$ 1,650,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 850,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 500,000.	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.)
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			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.)

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

Employer identification number  
**94-0707299**

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization NATIONAL FEDERATION OF INDEPENDENT  
BUSINESS, INC.Employer identification number  
94-0707299**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

**2011**

**Open to Public  
Inspection**

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization **NATIONAL FEDERATION OF INDEPENDENT**

Employer identification number

**BUSINESS, INC.**

**94-0707299**

**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

**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 ▶ \$ 0

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 ▶ \$ 884.

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 35,225.

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 36,109.

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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) REPUBLICAN STATE LEADERSHIP COMMITTEE	1800 DIAGONAL ROAD ALEXANDRIA, VA 22314	05-0532524	10,225.	0
(2) REPUBLICAN GOVERNORS ASSOCIATION	1747 PENNSYLVANIA AVE WASHINGTON, DC 20006	11-3655877	10,000.	0
(3) REPUBLICAN PARTY OF FLORIDA	420 E JEFFERSON STREET TALLAHASSEE, FL 32301	59-0683241	10,000.	0
(4) NFIB SAVE AMERICAS FREE ENTERPRISE	1201 F STREET NW, STE WASHINGTON, DC 20004	94-3089459	5,000.	0
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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? . . . . .														

☐ Yes ☐ 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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

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

	(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?			
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	87,203,116.
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	39,705,389.
b Carryover from last year	2b	
c Total	2c	39,705,389.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	44,081,593.
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	0
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-4,376,204.

**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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information (continued)

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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 education)	<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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2011



**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 the 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 current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Description of property	(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 . . . . .		4,416,595.	2,175,768.	2,240,827.
c Leasehold improvements . . . . .		984,728.	781,028.	203,700.
d Equipment . . . . .		7,539,629.	4,000,871.	3,538,758.
e Other . . . . .		2,677,301.	2,254,317.	422,984.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				7,201,169.

Schedule D (Form 990) 2011

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
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
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
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
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATES	78,958.	
(3) EXECUTIVE LIFE INS ANNUITY	158,488.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	237,446.	

2. FIN 48 (ASC 740) 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 (ASC 740).

**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	95,350,055.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	90,549,359.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,800,696.
4	Net unrealized gains (losses) on investments	4	-2,352,402.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-24,172,822.
9	Total adjustments (net). Add lines 4 through 8	9	-26,525,224.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-21,724,528.

**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	93,253,669.
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	159,579.
e	Add lines 2a through 2d	2e	159,579.
3	Subtract line 2e from line 1	3	93,094,090.
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	244,325.
b	Other (Describe in Part XIV.)	4b	2,011,640.
c	Add lines 4a and 4b	4c	2,255,965.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	95,350,055.

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

1	Total expenses and losses per audited financial statements	1	88,452,973.
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	159,579.
e	Add lines 2a through 2d	2e	159,579.
3	Subtract line 2e from line 1	3	88,293,394.
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	244,325.
b	Other (Describe in Part XIV.)	4b	2,011,640.
c	Add lines 4a and 4b	4c	2,255,965.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	90,549,359.

**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)**

ASC TOPIC 740 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, 2011 AND 2010, NOR DOES THE FEDERATION HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS.

OTHER EXCESS/DEFECIT RECONCILIATION ITEMS

SCHEDULE D, PART XI, LINE 8

NET CHANGE IN PENS. AND POSTRET. BENEFIT PLANS (24,172,822)

=====

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 (159,579).

**Part XIV Supplemental Information (continued)**

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## MANAGEMENT FEE ALLOCATION

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

NFIB 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 RECLASSED TO REVENUE FOR PROPER PRESENTATION ON FORM 990.

## INVESTMENT EXPENSE RECLASS

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

INVESTMENT EXPENSES WERE RECLASSED TO INCOME IN ORDER TO PROPERLY REFLECT INVESTMENT INCOME ON FORM 990 PART VIII, LINE 3 (244,325)



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
<b>Revenue</b>				
1 Gross receipts . . . . .				
2 Less: Charitable contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
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))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
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 . . . . .				

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? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE I  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
**BUSINESS, INC.**

**NATIONAL FEDERATION OF INDEPENDENT**

Employer identification number

94-0707299

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

**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
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NEIB RESEARCH FOUNDATION 53 CENTURY BOULEVARD SUITE 250	04-3592337	501(C)(3)	691,995.				SUPPORT
(2)	NEIB SMALL BUSINESS LEGAL CENTER 53 CENTURY BOULEVARD SUITE 250	62-1570449	501(C)(3)	201,681.				SUPPORT
(3)	BRUCE HARLOW FOUNDATION PO BOX 75652 BALTIMORE, MD 21275	52-1266620	501(C)(3)	7,500.				SUPPORT
(4)	NEIB YOUNG ENTREPRENEUR FOUNDATION 53 CENTURY BLVD, STE 250	62-1557196	501(C)(3)	150,000.				SUPPORT
(5)	JUNIOR ACHIEVEMENT, INC. 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)(3)	6,100.				SUPPORT
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 5
- 3 Enter total number of other organizations listed in the line 1 table ..... 5

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

Schedule I (Form 990) (2011)

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.  
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

NFIB PROVIDED GRANTS TO ITS AFFILIATED ORGANIZATIONS TO HELP FURTHER THE EXEMPT PURPOSE OF THOSE ORGANIZATIONS. NFIB ALSO MADE CONTRIBUTIONS TO CHARITABLE AND OTHER EXEMPT ORGANIZATIONS WHICH SHARE IN NFIB'S MISSION TO PROMOTE AND PROTECT THE RIGHTS OF SMALL BUSINESSES AND USE OF THESE FUNDS IS MONITORED ACCORDINGLY.

**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

**2011**

**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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee                         | <input 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** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ Yes ☐ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- 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** ☐ Yes ☐ No
- b** Any related organization? **5b** ☐ Yes ☐ No
- 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** ☐ Yes ☐ No
- b** Any related organization? **6b** ☐ Yes ☐ No
- 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** ☐ Yes ☐ No

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** ☐ Yes ☐ No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☐ No

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is needed.

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

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

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY BLASINSKY	(i) 212,924. (ii) 0	48,074. 0	11,702. 0	14,274.	23,876.	310,850.	
2 TAMMY S BOEHMS	(i) 277,426. (ii) 0	60,126. 0	8,633. 0	11,048.	14,436.	371,669.	
3 STEPHEN WOODS	(i) 235,734. (ii) 0	51,990. 0	8,437. 0	13,101.	20,486.	329,748.	
4 SUSAN M ECKERLY	(i) 230,526. (ii) 0	56,000. 0	3,240. 0	10,817.	16,021.	316,604.	
5 JEFF SMITH	(i) 146,001. (ii) 0	13,370. 0	1,386. 0	7,962.	9,052.	177,771.	
6 MARK GARZONE	(i) 252,309. (ii) 0	60,000. 0	4,649. 0	11,380.	29,566.	357,904.	
7 JOHN CASELLA	(i) 234,888. (ii) 0	66,800. 0	5,117. 0	10,442.	28,121.	345,368.	
8 BEVERLY SHEA	(i) 216,229. (ii) 0	16,942. 0	3,198. 0	11,714.	13,270.	261,353.	
9 PAMELA CONNOR	(i) 187,239. (ii) 0	38,470. 0	2,552. 0	10,959.	28,183.	267,403.	
10 DALE NELSON	(i) 99,395. (ii) 0	151,970. 0	4,892. 0	8,575.	671.	265,503.	
11 LISA GOEAS	(i) 202,079. (ii) 0	18,018. 0	2,604. 0	7,978.	23,426.	254,105.	
12 DONALD A DANNER	(i) 508,752. (ii) 0	150,050. 0	42,530. 0	11,739.	30,605.	743,676.	
13	(i) 0 (ii) 0	0 0	0 0	0	0	0	
14	(i) 0 (ii) 0	0 0	0 0	0	0	0	
15	(i) 0 (ii) 0	0 0	0 0	0	0	0	
16	(i) 0 (ii) 0	0 0	0 0	0	0	0	

Schedule J (Form 990) 2011

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**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, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DISCRETIONARY SPENDING ACCOUNT

SCHEDULE J, PART I, LINE 1A

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

COMPENSATION PACKAGE OF THE PRESIDENT SHALL INCLUDE CERTAIN ADDITIONAL

PAYMENTS SUCH AS AUTO ALLOWANCE AND 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.

OFFICERS AND EXECUTIVE MANAGEMENT OF THE COMPANY RECEIVE 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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

NFIB PROVIDES SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERPS). THESE

NONQUALIFIED PLANS COVER CERTAIN KEY MANAGEMENT AND EXECUTIVE PERSONNEL.

PARTICIPATION IN ALL SERPS HAS BEEN FROZEN AND FUTURE BENEFIT ACCRUALS

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOR THE PLANS HAVE CEASED. NO PAYMENTS WERE MADE TO ANY SUPPLEMENTAL

EXECUTIVE RETIREMENT PLAN IN 2011.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
**BUSINESS, INC.**

**NATIONAL FEDERATION OF INDEPENDENT**

Employer identification number  
**94-0707299**

FORM 990 PROVIDED TO GOVERNING BODY

PART VI, SECTION B: POLICIES, LINE 11

FOLLOWING AN INDEPENDENT AUDIT OF ITS FINANCIAL STATEMENTS, A DRAFT OF  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS, INC.'S ("NFIB") 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 RETURN IS MADE AVAILABLE TO THE BOARD OF  
DIRECTORS FOR REVIEW.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI, SECTION B: POLICIES, LINE 12

EVERY BOARD MEMBER, OFFICER, AND KEY EMPLOYEE OF NFIB IS REQUIRED TO  
DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL  
BASIS.

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 CERTAIN KEY  
EMPLOYEES OF THE ORGANIZATION. THE TREASURER'S COMPENSATION IS REVIEWED



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

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AND SET BY THE CEO. IN LATE 2010, AN OUTSIDE COMPENSATION CONSULTING FIRM  
WAS ENGAGED TO PROVIDE EXPERT ANALYSES REGARDING THE REASONABLENESS OF  
THE TOTAL COMPENSATION PACKAGE FOR THE EXECUTIVES OF NFIB AND ITS  
AFFILIATED ORGANIZATIONS. THE 2010 RESULTS WERE PROVIDED TO THE CHAIRMAN  
OF THE BOARD FOR THE EXECUTIVE COMMITTEE AT THEIR JANUARY 2012 MEETING.

THE COMMITTEE RELIES ON THIS INDEPENDENT REVIEW TO ENSURE THAT REASONABLE  
COMPENSATION IS PAID TO THE CEO, CFO, SECRETARY, AND CERTAIN 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  
CERTAIN KEY EMPLOYEES EACH YEAR DURING THEIR MEETING WHICH IS TYPICALLY  
HELD IN JANUARY OR FEBRUARY. MINUTES FROM THESE ANNUAL MEETINGS ARE  
TAKEN BY THE 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 NFIB'S 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

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

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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.

#### FUND BALANCE RECONCILIATION

FORM 990, PART XI, LINE 5

NET UNREALIZED GAINS (2,352,402)

CHANGE IN MINIMUM PENSION LIABILITY (24,172,822)

CHANGES IN FUND BALANCE (26,525,224)

ATTACHMENT 1

#### 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  
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

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

Employer identification number  
**94-0707299**

ATTACHMENT 1 (CONT'D)

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

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 2

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
DONALD A DANNER	
PRESIDENT/CEO	1.00
MARY BLASINSKY	
SVP/SECRETARY	1.00
TAMMY S BOEHMS	
SVP/CFO	1.00
JEFF SMITH	
TREASURER	1.00
SUSAN M ECKERLY	
SVP PUBLIC POLICY	5.00

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NATIONAL CAPITAL TELESERVICES, LLC	TELEMARKETING SVCS.	1,625,150.
300 5TH STREET NE		
WASHINGTON, DC 20002		

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>
CHERNOFF NEWMAN 1411 GERVAIS STREET COLUMBIA, SC 29201	ADV/MARKETING SVCS	1,031,706.
APPIRIO, INC 2207 BRIDGEPOINTE PKY, STE 300 SAN MATEO, CA 94404	IT SERVICES	871,453.
DCI GROUP, LLC 1828 L STREET NW, STE 400 WASHINGTON, DC 20036	PUBLIC AFFAIRS MGMT	835,000.
GOOGLE, INC PO BOX 39000 SAN FRANCISCO, CA 94139	ADWORDS ADVERTISING	459,786.
	TOTAL COMPENSATION	<u>4,823,095.</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

2011

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" to 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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	NFIB YOUNG ENTREPRENEUR FOUNDATION 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214 62-1557196	EDUCATION	TN	501(C)(3)	SUP. ORG. I	NFIB	X
(2)	NFIB SMALL BUSINESS LEGAL CENTER 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214 62-1570449	PUB. LAW FIRM	TN	501(C)(3)	SUP. ORG. I	NFIB	X
(3)	NFIB RESEARCH FOUNDATION 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214 04-3592337	RESEARCH	TN	501(C)(3)	SUP. ORG. I	NFIB	X
(4)	NFIB SAVE AMERICAS FREE ENTERPRISE TRUST 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214 94-2532364	PAC	CA	527	N/A	NFIB	X
(5)	NFIB, THE VOICE OF FREE ENTERPRISE 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214 27-3615830	SOC. WELFARE	TN	501(C)(4)	N/A	NFIB	X
(6)							
(7)							

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

Schedule R (Form 990) 2011

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

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Type of entity (C corp, S corp, or trust)	(6) Share of total income	(7) Share of end-of-year assets	(8) Percentage ownership
(1) NFIB MEMBER SERVICES CORPORATION 53 CENTURY BLVD., SUITE 250 NASHVILLE, TN 37214-3682 94-2899404	MEMBER BENEFITS	CA	NFIB	C	5,493,596.	1,923,306.	100.0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from related organization(s)	<input checked="" 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-f)	(c) Amount involved	(d) Method of determining amount involved
(1)	NFIB RESEARCH FOUNDATION	LINE B	691,995.	FMV
(2)	NFIB SMALL BUSINESS LEGAL CENTER	LINE B	201,681.	FMV
(3)	NFIB YOUNG ENTREPRENEUR FOUNDATION	LINE B	150,000.	FMV
(4)	NFIB MEMBER SERVICES CORPORATION	LINE K	1,548,644.	FMV
(5)	NFIB RESEARCH FOUNDATION	LINE P	203,361.	FMV
(6)	NFIB SMALL BUSINESS LEGAL CENTER	LINE M	114,611.	FMV

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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 |
|--------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |     |    |
| b Gift, grant, or capital contribution to related organization(s)                                |     |    |
| c Gift, grant, or capital contribution from related organization(s)                              |     |    |
| d Loans or loan guarantees to or for related organization(s)                                     |     |    |
| e Loans or loan guarantees by related organization(s)                                            |     |    |
| f Sale of assets to related organization(s)                                                      |     |    |
| g Purchase of assets from related organization(s)                                                |     |    |
| h Exchange of assets with related organization(s)                                                |     |    |
| i Lease of facilities, equipment, or other assets to related organization(s)                     |     |    |
| j Lease of facilities, equipment, or other assets from related organization(s)                   |     |    |
| k Performance of services or membership or fundraising solicitations for related organization(s) |     |    |
| l Performance of services or membership or fundraising solicitations by related organization(s)  |     |    |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |     |    |
| n Sharing of paid employees with related organization(s)                                         |     |    |
| o Reimbursement paid to related organization(s) for expenses                                     |     |    |
| p Reimbursement paid by related organization(s) for expenses                                     |     |    |
| q Other transfer of cash or property to related organization(s)                                  |     |    |
| r Other transfer of cash or property from related organization(s)                                |     |    |

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	(d) Method of determining amount involved
(1)	NFIB RESEARCH FOUNDATION	LINE M	118,084.	FMV
(2)	NFIB SMALL BUSINESS LEGAL CENTER	LINE P	174,979.	FMV
(3)	NFIB MEMBER SERVICES CORPORATION	LINE O	295,241.	FMV
(4)	NFIB MEMBER SERVICES CORPORATION	LINE A	60,000.	FMV
(5)	NFIB MEMBER SERVICES CORPORATION	LINE P	462,996.	FMV
(6)				

Schedule R (Form 990) 2011



**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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 1085)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
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(8) -----													
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(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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