

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ARBITRATION FORUMS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3820 NORTHDAL E BOULEVARD NO 200A

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33624

D Employer identification number
13-3095444

E Telephone number
(813) 931-4004

G Gross receipts \$ 125,970,548

F Name and address of principal officer:
CHRIS WOLF
3820 NORTHDAL E BOULEVARD NO 200A
TAMPA, FL 33624

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates 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.ARBFILE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO SERVE OUR MEMBER'S RECOVERY AND RESOLUTION NEEDS THROUGH SERVICE, COLLABORATION, AND INNOVATION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	193
6 Total number of volunteers (estimate if necessary)	6	10,124
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	39,093,624	41,695,006
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,184,491	2,897,770
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,869	9,807
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,303,984	44,602,583
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	66,646	70,547
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,513,894	23,719,104
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,785,813	9,556,708
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,366,353	33,346,359
19 Revenue less expenses. Subtract line 18 from line 12	8,937,631	11,256,224
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	85,775,749	102,080,808
21 Total liabilities (Part X, line 26)	18,147,171	25,115,266
22 Net assets or fund balances. Subtract line 21 from line 20	67,628,578	76,965,542

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.

Sign Here

Signature of officer: ***** Date: 2020-05-12

JAIRO ARCILA CFO & SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00100222
Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 27-3605969	
Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400 CLEARWATER, FL 337625539			Phone no. (727) 572-1400	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO FACILITATE THE EFFICIENCY AND EQUITABLE DISPOSITION OF INSURANCE RELATED DISPUTES TO AVOID THE COSTS AND DELAYS OF LITIGATION.

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 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 \$)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="text-align: center;">2a</td> <td style="text-align: center;">193</td> </tr> </table>	2a	193					
2a	193							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<table border="1"> <tr> <td style="text-align: center;">2b</td> <td style="text-align: center;">Yes</td> </tr> </table>	2b	Yes			
2b	Yes							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			<table border="1"> <tr> <td style="text-align: center;">3a</td> <td></td> </tr> </table>	3a			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
3a								
No								
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .			<table border="1"> <tr> <td style="text-align: center;">3b</td> <td></td> </tr> </table>	3b				
3b								
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)? . . .			<table border="1"> <tr> <td style="text-align: center;">4a</td> <td></td> </tr> </table>	4a			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
4a								
No								
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<table border="1"> <tr> <td style="text-align: center;">4a</td> <td></td> </tr> </table>	4a				
4a								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			<table border="1"> <tr> <td style="text-align: center;">5a</td> <td></td> </tr> </table>	5a			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
5a								
No								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<table border="1"> <tr> <td style="text-align: center;">5b</td> <td></td> </tr> </table>	5b			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
5b								
No								
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<table border="1"> <tr> <td style="text-align: center;">5c</td> <td></td> </tr> </table>	5c				
5c								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<table border="1"> <tr> <td style="text-align: center;">6a</td> <td></td> </tr> </table>	6a			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
6a								
No								
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<table border="1"> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> </table>	6b				
6b								
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<table border="1"> <tr> <td style="text-align: center;">7a</td> <td></td> </tr> </table>	7a				
7a								
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			<table border="1"> <tr> <td style="text-align: center;">7b</td> <td></td> </tr> </table>	7b				
7b								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<table border="1"> <tr> <td style="text-align: center;">7c</td> <td></td> </tr> </table>	7c				
7c								
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="text-align: center;">7d</td> <td></td> </tr> </table>	7d						
7d								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<table border="1"> <tr> <td style="text-align: center;">7e</td> <td></td> </tr> </table>	7e				
7e								
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			<table border="1"> <tr> <td style="text-align: center;">7f</td> <td></td> </tr> </table>	7f				
7f								
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<table border="1"> <tr> <td style="text-align: center;">7g</td> <td></td> </tr> </table>	7g				
7g								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			<table border="1"> <tr> <td style="text-align: center;">7h</td> <td></td> </tr> </table>	7h				
7h								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			<table border="1"> <tr> <td style="text-align: center;">8</td> <td></td> </tr> </table>	8				
8								
9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?			<table border="1"> <tr> <td style="text-align: center;">9a</td> <td></td> </tr> </table>	9a				
9a								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<table border="1"> <tr> <td style="text-align: center;">9b</td> <td></td> </tr> </table>	9b				
9b								
10 Section 501(c)(7) organizations. Enter:								
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="text-align: center;">10a</td> <td></td> </tr> </table>	10a						
10a								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="text-align: center;">10b</td> <td></td> </tr> </table>	10b						
10b								
11 Section 501(c)(12) organizations. Enter:								
a Gross income from members or shareholders	<table border="1"> <tr> <td style="text-align: center;">11a</td> <td></td> </tr> </table>	11a						
11a								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="text-align: center;">11b</td> <td></td> </tr> </table>	11b						
11b								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="text-align: center;">12b</td> <td></td> </tr> </table>	12b						
12b								
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			<table border="1"> <tr> <td style="text-align: center;">13a</td> <td></td> </tr> </table>	13a				
13a								
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	<table border="1"> <tr> <td style="text-align: center;">13b</td> <td></td> </tr> </table>	13b						
13b								
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="text-align: center;">13c</td> <td></td> </tr> </table>	13c						
13c								
14a Did the organization receive any payments for indoor tanning services during the tax year?			<table border="1"> <tr> <td style="text-align: center;">14a</td> <td></td> </tr> </table>	14a			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
14a								
No								
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .			<table border="1"> <tr> <td style="text-align: center;">14b</td> <td></td> </tr> </table>	14b				
14b								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			<table border="1"> <tr> <td style="text-align: center;">15</td> <td></td> </tr> </table>	15			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
15								
No								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			<table border="1"> <tr> <td style="text-align: center;">16</td> <td></td> </tr> </table>	16			<table border="1"> <tr> <td style="text-align: center;">No</td> </tr> </table>	No
16								
No								

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below dotted line)	(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			
(1) CHRIS WOLF CHAIR	1.00	X					0	0	0	
(2) ELENA GERVINO VICE CHAIR	1.00	X					0	0	0	
(3) SETH INGALL INTERIM NOMINATING COMMITTEE CHAIR	1.00	X					0	0	0	
(4) BRENDON KELLY AUDIT COMMITTEE CHAIR	1.00	X					0	0	0	
(5) SEAN WELCH DIRECTOR	1.00	X					0	0	0	
(6) SEJUNG KIM DIRECTOR	1.00	X					0	0	0	
(7) PAUL DIEMER DIRECTOR	1.00	X					0	0	0	
(8) SUE MURRAY DIRECTOR	1.00	X					0	0	0	
(9) ANNMARIE SIMONSON DIRECTOR (10/17/19-12/31/19)	1.00	X					0	0	0	
(10) JOHN MICHELI DIRECTOR (4/11/19-12/31/19)	1.00	X					0	0	0	
(11) ROBERT HOWARD DIRECTOR (4/11/19-12/31/19)	1.00	X					0	0	0	
(12) TIM CONSTIEN DIRECTOR (10/17/19-12/31/19)	1.00	X					0	0	0	
(13) CHAD ZIERKE DIRECTOR	1.00	X					0	0	0	
(14) KATHLEEN D MAHNE PRESIDENT & CEO	40.00	X		X			597,478	0	144,175	
(15) JAIRO ARCILA CFO & SECRETARY/TREASURER	40.00			X			344,186	0	81,566	
(16) STEPHEN E JANICKI DIRECTOR OF PRODUCT INNOVATION	40.00				X		261,675	0	37,232	
(17) GEOFFREY K ENGERT DIRECTOR OF MARKETING	40.00				X		267,875	0	44,698	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(18) KENNETH C BUTLER DIRECTOR OF HUMAN RESOURCES	40.00				X			259,643	0	45,591
(19) EILEEN HALE DIRECTOR OF QUALITY/FIELD OPERATIONS	40.00				X			354,957	0	40,766
(20) JOHN D SHEDD CHIEF IT OFFICER	40.00				X			327,282	0	66,706
(21) RONALD R COOKSEY SR SOFTWARE DEVELOPMENT MANAGER	40.00					X		176,112	0	26,046
(22) JOHN A ALCHIN SOFTWARE DEVELOPMENT MANAGER	40.00					X		167,569	0	37,697
(23) WILLIAM S PFEIFFER ENTERPRISE ARCHITECT	40.00					X		166,892	0	37,284
(24) MARIA MCNALLY MANAGER FIELD OPERATIONS	40.00					X		161,308	0	22,881
(25) TIMOTHY M MCKERNAN MANAGER OF QUALITY/TRAINING	40.00					X		159,115	0	36,032
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,244,092	0	620,674

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 ▶ 57

	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		No
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	Yes	
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		No

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
ROUNDTOWER TECHNOLOGIES LLC 5905 E GALBRAITH RD 3RD FL CINCINNATI, OH 45236	SOFTWARE/HARDWARE IT SERVICES	2,266,075
CDW DIRECT LLC 75 REMITTANCE DR CHICAGO, IL 606751150	SOFTWARE/HARDWARE IT SERVICES	345,258
MARITZCX 1355 N HIGHWAY DR FENTON, MO 630990001	MARKETING / SURVEYS	204,100
FOCAL POINT DATA RISK ADVISORS 201 E KENNEDY BLVD STE 1750 TAMPA, FL 33602	RISK ASSESSMENT	189,672
GERBER CIANO KELLY BRADY LLP 228 PARK AVE S STE 97572 NEW YORK, NY 100031502	LEGAL	144,411

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 25

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	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				
	g Noncash contributions included in lines 1a - 1f: \$	1g				
	h Total. Add lines 1a-1f ▶					
Program Service Revenue	2a CASE FILING ASSESSMENT CHARGES	Business Code 541100	38,915,605	38,915,605		
	b ADJOURNMENT FEES	541100	2,095,459	2,095,459		
	c FEES TO DEFER CASES	541100	657,942	657,942		
	d ARBITRATION APPEAL	541100	26,000	26,000		
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f. ▶		41,695,006			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,855,159		1,855,159	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	82,410,576			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	81,366,570	1,395		
		7c Gain or (loss)	1,044,006	-1,395		
	d Net gain or (loss) ▶		1,042,611		1,042,611	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		8b Less: direct expenses				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue		9,807	9,807			
e Total. Add lines 11a-11d ▶		9,807				
12 Total revenue. See instructions ▶		44,602,583	41,704,813	0	2,897,770	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	70,547			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,873,830			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,323,328			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,802,497			
9 Other employee benefits	2,580,668			
10 Payroll taxes	1,138,781			
11 Fees for services (non-employees):				
a Management				
b Legal	180,897			
c Accounting	108,893			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	177,652			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,742,700			
12 Advertising and promotion	72,582			
13 Office expenses	914,382			
14 Information technology	1,655,713			
15 Royalties				
16 Occupancy	558,638			
17 Travel	207,836			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	524,172			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,090,964			
23 Insurance	118,437			
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 ARBITRATION HEARINGS	172,322			
b STATE EXCISE TAX	20,117			
c BAD DEBT	4,702			
d				
e All other expenses	6,701			
25 Total functional expenses. Add lines 1 through 24e	33,346,359			
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).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	1,821,816
	2 Savings and temporary cash investments	5,116,154	2	1,367,640
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,928,306	4	4,161,588
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,533,898	9	3,443,069
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,758,771		
	b Less: accumulated depreciation	6,174,771		
	11 Investments—publicly traded securities	57,281,756	11	69,844,480
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	15,583,955	14	17,846,004
	15 Other assets. See Part IV, line 11	14,435	15	12,211
16 Total assets. Add lines 1 through 15 (must equal line 34)	85,775,749	16	102,080,808	
Liabilities	17 Accounts payable and accrued expenses	4,705,906	17	5,382,344
	18 Grants payable		18	
	19 Deferred revenue	5,008,367	19	7,287,380
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	8,432,898	25	12,445,542
	26 Total liabilities. Add lines 17 through 25	18,147,171	26	25,115,266
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	67,628,578	27	76,965,542
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	67,628,578	32	76,965,542	
33 Total liabilities and net assets/fund balances	85,775,749	33	102,080,808	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,602,583
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,346,359
3	Revenue less expenses. Subtract line 2 from line 1	3	11,256,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,628,578
5	Net unrealized gains (losses) on investments	5	2,000,519
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,919,779
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,965,542

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 13-3095444

Name: ARBITRATION FORUMS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ARBITRATION SERVICES: 954,000 DISPUTES FILED WORTH \$15.3 BILLION IN CLAIMS IN 2019 AS A COST EFFECTIVE ALTERNATIVE TO LITIGATION FOR THE INSURANCE INDUSTRY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization ARBITRATION FORUMS INC

Employer identification number 13-3095444

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the year.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting collections and amounts received or held for financial gain.

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 XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements		152,783	120,911	31,872
d Equipment		9,366,255	5,905,534	3,460,721
e Other		239,733	148,326	91,407
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,584,000

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,445,542

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	65,454,580
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,000,519
b	Donated services and use of facilities	2b	18,850,083
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	20,850,602
3	Subtract line 2e from line 1	3	44,603,978
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	
b	Other (Describe in Part XIII.)	4b	-1,395
c	Add lines 4a and 4b	4c	-1,395
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	44,602,583

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	52,196,442
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	18,850,083
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	18,850,083
3	Subtract line 2e from line 1	3	33,346,359
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	33,346,359

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-3095444

Name: ARBITRATION FORUMS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(6). MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION OF THE ACCOUNTING GUIDANCE FOR INCOME TAXES AS OF DECEMBER 31, 2019 AND 2018, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	LOSS ON EQUIPMENT DISPOSALS -1,395.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization ARBITRATION FORUMS INC

Employer identification number 13-3095444

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ARBITRATION FORUMS' EMPLOYEES VOLUNTARILY PARTICIPATE IN A CHARITABLE GIVING PROGRAM. EMPLOYEES HAVE THE OPTION TO CONTRIBUTE TO SIX CHARITABLE ORGANIZATIONS VIA PAYROLL DEDUCTION. A LARGER SET OF CHARITABLE ORGANIZATIONS WERE PRE-SCREENED AND SELECTED BY ARBITRATION FORUMS AND INCLUDE ONLY ESTABLISHED, REPUTABLE 501(C)(3) ORGANIZATIONS. EMPLOYEES THEN SELECTED THE TOP SIX VIA VOTING. ARBITRATION FORUMS, INC. MATCHES THOSE CONTRIBUTIONS.

Additional Data

Software ID:
Software Version:
EIN: 13-3095444
Name: ARBITRATION FORUMS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN RED CROSS PO BOX 4236 TAMPA, FL 336774236	53-0196605	501(C)(3)	6,650	0	N/A	N/A	TO FURTHER ORGANIZATION'S CHARITABLE PURPOSE
HOPE CHILDREN'S HOME 11415 HOPE INTERNATIONAL DR TAMPA, FL 33625	62-0879012	501(C)(3)	13,325	0	N/A	N/A	TO FURTHER ORGANIZATION'S CHARITABLE PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE SPRING OF TAMPA BAY INC PO BOX 4772 TAMPA, FL 336779900	59-1777135	501(C)(3)	15,117	0	N/A	N/A	TO FURTHER ORGANIZATION'S CHARITABLE PURPOSE
METROPOLITAN MINISTRIES 2301 N TAMPA ST TAMPA, FL 33602	59-1477007	501(C)(3)	8,300	0	N/A	N/A	TO FURTHER ORGANIZATION'S CHARITABLE PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY INC 35 DAVIS BLVD TAMPA, FL 33606	59-1835985	501(C)(3)	8,725	0	N/A	N/A	TO FURTHER ORGANIZATION'S CHARITABLE PURPOSE
HUMANE SOCIETY OF TAMPA BAY 3607 N ARMENIA AVE TAMPA, FL 33607	59-0799907	501(C)(3)	6,200	0	N/A	N/A	TO FURTHER ORGANIZATION'S CHARITABLE PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ARBITRATION FORUMS INC

Employer identification number
13-3095444

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 4B	<p>IN APRIL 2001 THE BOARD APPROVED A NON-QUALIFIED PLAN WITHIN THE MEANING OF SECTION 457(F) OF THE INTERNAL REVENUE CODE FOR CERTAIN OF THE ORGANIZATION'S OFFICERS (PARTICIPANTS). THE BOARD HAS A RIGHT TO AMEND, SUSPEND, OR TERMINATE THE PLAN IN WHOLE OR IN PART. HOWEVER, ANY DEFERRED COMPENSATION BENEFITS ACCRUED PRIOR TO THE LATTER OF THE ADOPTION OF OR EFFECTIVE DATE OF SUCH AMENDMENT, SUSPENSION, OR TERMINATION WILL BE THE RIGHT OF THE PARTICIPANT. THE AMOUNTS CONTRIBUTED ON BEHALF OF OFFICERS AND KEY EMPLOYEES DURING 2019 ARE AS FOLLOWS: KATHLEEN MAHNE: \$73,034 JAIRO ARCILA: \$39,936 EILEEN HALE: \$1,836 JOHN SHEDD: \$1,307</p>

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
ARBITRATION FORUMS INC

Employer identification number

13-3095444

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO TYPES OF MEMBERS: INSURER MEMBER: A PROPERTY OR CASUALTY INSURANCE COMPANY THAT UTILIZES THE INSURANCE ARBITRATION SERVICES OF THE ORGANIZATION OR INDIVIDUAL WHO IS EMPLOYED BY A PROPERTY OR CASUALTY INSURANCE COMPANY. NON-INSURER MEMBER: A COMPANY OR INDIVIDUAL WHO IS NOT AN INSURER MEMBER. A NON-INSURER MEMBER WOULD INCLUDE SELF-INSUREDS, TPAS (THIRD PART ADMINISTRATORS) AND ANY OTHER PERSON OR ENTITY THAT IS AUTHORIZED TO AND DOES UTILIZE THE SERVICES OF THE ORGANIZATION. AS OF DECEMBER 31, 2019, THE ORGANIZATION HAS 5,100 MEMBERS CONSISTING SOLELY OF INSURERS, SELF-INSUREDS, AND TPAS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE VOTING MEMBERS ELECT THE BOARD OF DIRECTORS (GOVERNING BODY). THE MEMBER COMPANIES DO NOT APPROVE THE DECISIONS OF THE GOVERNING BODY; HOWEVER, A VOTE OF MORE THAN 50% OF THE MEMBER COMPANIES OPPOSING THE DECISION CAN OVERTURN A BOARD DECISION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE SECRETARY/TREASURER SENDS THE FORM 990 TO THE ENTIRE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS ONE OF SEVERAL THAT THE COMPANY UPLOADS TO THE ADP SYSTEM. ALL EMPLOYEES MUST ACKNOWLEDGE IN THE ADP PAYROLL SYSTEM THAT THEY READ AND UNDERSTOOD THE POLICY. THE CFO RECEIVES A SUMMARY REPORT WHICH IS SHARED WITH THE AUDIT COMMITTEE. DIRECTORS AND OFFICERS RECEIVE THE CONFLICT OF INTEREST POLICY AND PROCEDURES DISCLOSURE FORM AND ARE REQUIRED TO SIGN AND DATE THE POLICY DISCLOSURE FORM PRIOR TO THE CONCLUSION OF THE APRIL BOARD MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THR ORGANIZATION USES AN INDEPENDENT THIRD PARTY TO DETERMINE THE APPROPRIATE COMPENSATION AMOUNTS FOR THE CEO AND SENIOR MANAGERS. THIS INFORMATION IS SHARED WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHO APPROVES THE COMPENSATION AND BENEFITS AMOUNTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	CHRIS WOLF - 6055 PARKLAND BOULEVARD, MAYFIELD VILLAGE, OH 44124. ELENA GERVINO - ONE TOWER SQUARE 5MS, HARTFORD, CT 06183. SETH INGALL - ONE GEICO PLAZA, WASHINGTON, DC 20076. BRENDON KELLY - ONE HARTFORD PLAZA, HARTFORD, CT 06155. SEAN WELCH - 100 AMICA WAY, LINCOLN, RI 02865. SEJUNG KIM - 175 BERKELEY STREET, MS: T13-A, BOSTON, MA 02116. PAUL DIEMER - 600 CORPORATE PARK DRIVE, SAINT LOUIS, MO 63105. SUE MURRAY - ONE STATE FARM DRIVE, CONCORDVILLE, PA 19339. ANNMARIE SIMONSON - 9800 FREDERICKSBURG ROAD, SAN ANTONIO, TX 78288. JOHN MICHELI - 2775 SANDERS ROAD, B1W 8C, NORTHBROOK, IL 60062. ROBERT HOWARD - 6301 OWENSMOUTH AVENUE, WOODLAND HILLS, CA 91367. TIM CONSTIEN - 6000 AMERICAN PARKWAY, MADISON, WI 53783. CHAD ZIERKE - ONE NATIONWIDE PLAZA, 3-13-103, COLUMBUS, OH 43215.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REVENUE RECOGNITION POLICY CHANGE ADJUSTMENT -503,882. NET PERIODIC PENSION COST -421,004. OTHER PENSION RELATED CHANGES -2,994,893.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION'S AUDIT COMMITTEE, COMPRISED OF FOUR DIRECTORS INDEPENDENT OF MANAGEMENT, ASSISTS THE BOARD IN CARRYING OUT ITS FIDUCIARY RESPONSIBILITIES RELATING TO ACCOUNTING AND REPORTING PRACTICES. THE COMMITTEE REVIEWS, APPRAISES, AND REPORTS TO THE BOARD ON THE FOLLOWING MATTERS: - THE INDEPENDENT AUDITORS RETAINED BY THE COMPANY; - THE QUALITY OF THE ACCOUNTING AND INTERNAL CONTROL SYSTEM; - THE ACCOUNTING PRINCIPLES ADOPTED BY MANAGEMENT AND ACCEPTED BY THE INDEPENDENT AUDITORS; - ANY CHANGES IN ACCOUNTING PRINCIPLES AND THEIR AFFECT UPON THE CORPORATION; AND - ANY SIGNIFICANT DIFFICULTIES ENCOUNTERED OR IMPORTANT DISCOVERIES MADE BY THE INDEPENDENT AUDITORS.