F	orm	990-,T	Exempt Organization Business Income Tax Retur								OMB No 1545-0047	
			For cale	ndar year 2019 or other	tax year begin	ning	01/0	01 , 2019, and endir	$\frac{12}{31}$	019.	20	110
0	eparti	ment of the Treasury						ions and the latest			<u>ك</u> ك	113
	* -	Revenue Service	▶ Do	not enter SSN numbers					101	3)3). [Open to Publ 501(c)(3) Ore	ic Inspection for anizations Only
7		Check box if		Name of organization (ged and see instruction:		D Emplo	yer Identificat	ion number
		address changed		AMERICAN IN	STITUTE	FOR	CHART	ERED PROPER	TY	(Emplo	yees' trust, see ir	istructions)
- E	Exe	mpt under section	1	CASUALTY UN								
1	X	501(C Q 3)	Print	Number, street, and ro) box. see	nstructions		23-13	352012	
j	\vdash	408(e) 220(e)	_ or	,	,						ated business	activity code
1	$\overline{}$	408A 530(a)	.,,,,,	720 PROVIDE	NCE ROAD						structions)	
•				City or town, state or p		y and	7IP or for	ann noetal code	 			
		529(a) k value of all assets	1	MALVERN, PA			217 01 1011	aigh postal code		54180	20	
, ,		nd of year	- 0							34100		
•	20	1 400 500		up exemption number		<u> </u>		·····	· · · · · · · · · · · · · · · · · · ·	T	··· ·· · · · · · · · · · · · · · · · ·	
i -				ck organization type				n 501(c)		401(a)		Other trust
H				nization's unrelated tra	ides or busine	sses.	<u> </u>			•	(or first) unre	
í		de or business hei			 				complete Parts I			scribe the
	firs	st in the blank spa	ice at the	end of the previous	sentence, coi	mplete	Parts I	and II, complete a So	chedule M for ea	ch addition	nal	
_	tra	de or business, th	en compl	ete Parts III-V								
ı	Du	iring the tax year,	was the	corporation a subsidu	ary in an affil	ated g	roup or	a parent-subsidiary o	controlled group?		▶∐	Yes X No
_				identifying number of		rporati	ion. 🕨					
J	Th	e books are in care	e of ▶JE	EFFREY A. SCHE	EIDT			Telephon	e number > 61	0-644-	-2100	
1	Pari	Unrelated	Trade (or Business Inco	me			(A) Income	(B) Expen	ses	(0) Net
	1a	Gross receipts or	sales			,						
	b	Less returns and allowa	inces		c Balance	1c						
	2			ule A, line 7)		2			PHOTOGRAPH .			
	3	- 1		2 from line 1c		3	D	ECEIVE)			/
	4a	,		ittach Schedule D)		4a			78 1			
	h	,		Part II, line 17) (attach F		4b	ည်	1 0 0000	161			
	c	- 1		rusts		4c		100 1 2 2020 				
	5	1		r an S corporation (attach stat		5			الإناب		1	
	6	,		· · · · · · · · · · · · · · ·		6		OGDEN, UT				
	•	í				7			page 17 Carrier Carrier		 	
	7	•		come (Schedule E)			 				 	
	8	•		ents from a controlled organiza			-					
	9			1(c)(7), (9), or (17) organizat			 	070 602	1 163	,933.	 	
	0	•	•	ncome (Schedule I) .		10	ļ	878,603.		-	 	127 000
	1			fule J)			 	693,038.	820	,926.		-127,888.
1	2	•		tions, attach schedule		-	+	1 571 (1)	1 000	0.50		107 000
-	3		nes 3 thr	ough 12		13		1,571,641.		,859.	1	-127,888.
_	Par			Taken Elsewhere ne unrelated busii			ons foi	· limitations on d	eductions.) (I	Jeductio	ons must b	e directly
1	4			directors, and trustees								
1	5	Salaries and wage	es				<i>.</i> /			15		
1	6										1	
1	7	Bad debts				<u>.</u>				17		
1	8	Interest (attach s	chedule)	(see instructions)	/					18	ļ <u>.</u> .	
1	9	Taxes and license	s		. /					19		
2	0			4562)								
2	:1			on Schedule A and e						21b	1	
	2			/								
	3			compensation plans								
	4			s <i>/</i>							<u> </u>	
	5			S								
				•							1	
	6			chedule J)							 	
	7			schedule)							<u> </u>	1
	8			es 14 through 27								-127,888.
	9			ole income before n							+	
	10		•	ig loss arising in tax y	-	_		•			 	-127,888.
	1	Unrelated busine	ss taxabl	e income. Subtract lin	e 30 from line	29.		· · · · · · · · · · · · · · · · · · ·		31		
	SA	aperwork Reduct	uon Act I	Touce, See Instruction	3.						∩¬Form	990-T (2019)

9x2740 1 000 80232G 1467

Pa	rt III	Total Unrelated Business Taxable Income		1			
32	total o	of unrelated business taxable income computed from all unrelated trades or businesses (si	e I				
	//	ions)		B2	:	127,	888.
33		s paid for disallowed fringes		B3	-	<u>_</u>	
34		ble contributions (see instructions for limitation rules)		84	****		
35	Total	invalidaded business tayable income before pro 2019 MOLE and execution deduction. Subtract the	<u>-</u>	17			
33	24 6000	Inrelated business taxable income before pre-2018 NOLS and specific deduction. Subtract the sum of lines 32 and 33	ן ל"	1.		27	888.
26				35		2//	000.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (se	ee	1.			
		ions)	۔ ابنا	36			000
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37		121,	888.
38		ededuction (Generally \$1,000, but see line 38 instructions for exceptions)		38			
39		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3					
	enter th	e smaller of zero or line 37	1	39		127,	888.
Pa	rt IV	Tax Computation		Щ.			
40	Organiz	cations Taxable as Corporations. Multiply line 39 by 21% (0.21)	.▶[40			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax of	on	l			
	the amo	ount on line 39 from: Tax rate schedule or Schedule D (Form 1041).	.▶	41			
42	Proxy t	ax. See instructions	. ▶ [42			
43	Alternat	ive minimum tax (trusts only)	[43			
44		Noncompliant Facility Income. See instructions	<u> </u>	44			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	-	45			
		Tax and Payments					
46 a		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			·		
	-	redits (see instructions)	$\neg \dashv$	1			
		business credit. Attach Form 3800 (see Instructions)		į			
		or prior year minimum tax (attach Form 8801 or 8827)		- 1			
		edits. Add lines 46a through 46d	{	46e			
47				47			
	Otherster	t line 46e from line 45	:				
48				48			0.
49		x. Add lines 47 and 48 (see instructions)		49			
50		et 965 tax liabllity paid from Form 965-A or Form 965-B, Part II, column (k), line 3	· • }	50			
		ts: A 2018 overpayment credited to 2019		- 1			
b		timated tax payments		ŀ			
C		osited with Form 8868					
d	_	organizations. Tax paid or withheld at source (see instructions)		- 1			
е		withholding (see instructions)					
f		or small employer health insurance premiums (attach Form 8941) 51f		1			
g	Other cr	edits, adjustments, and payments: Form 2439	i	- 1			
	F	orm 4136 Other Total ▶ 51g		- 1			
52	Total pa	yments. Add lines 51a through 51g	<u></u> , [52			
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	[53			
54	Tax due	. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	.▶[54			
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	.▶[55			
56	•	emount of line 55 you want Credited to 2020 estimated tax Refunded	▶	56			
Pa	rt VI	Statements Regarding Certain Activities and Other Information (see instruct	tions)			
57		time during the 2019 calendar year, did the organization have an interest in or a signature			authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	ma	y hav	e to file		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of t				ł	
	here >			·	•	1	Х
58		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	огеіа	n trust	2		Х
	_	see instructions for other forms the organization may have to file.	3				
59		e amount of tax-exempt interest received or accrued during the tax year > \$				ł	
	ال	der penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to t	he be	el of m	y knowledge	and bel	uef, it is
Sig	l to	ie correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_				
He		TO Vers 11/13/2020 TREASURER			RS discuss preparer si		
		gnature of officer Date Title			ons)?[X Y	-	No
		Principles Property come			PTIN		
Paid	t	@ 200 200 30 stupped	Check	if لـــــا ployed	2004	6026	53
Рге	рагег	DET GRAN MEDICALGROODERS LIP		EIN >	13-400		
	Only				7-330-		
030	· • · · · · ·	I Elumia autimoda 🗩 COOT MAKEVET 21' 2011E 1000' EUTIMADEDIEUTU' EUTIMA					

Form 990-T (2019)	ands Sald E	tor mother						Page		
Schedule A - Cost of Go		iter metho	o ot invent				T - T			
1 Inventory at beginning of y	·	 				ar				
2 Purchases					_	ld. Subtract line	t i			
3 Cost of labor		· · · · · · · · · · · · · · · · · · ·		6 from line 5. Enter here and in Part						
4a Additional section 263A co	1			I, line 2	• • • • •		. [7]	- Ta		
(attach schedule)						section 263A (· 1	Yes No		
b Other costs (attach schedu						or acquired fo				
5 Total. Add lines 1 through			D	to the or	ganization?	With Deal Door		и/А		
Schedule C - Rent Income (see instructions)	e (From Real P	горепцу а	na Perso	nai Propert	y Leased v	vitn Keai Prope	erty)			
Description of property							 			
(1)	• • • • • • • • • • • • • • • • • • • •	.								
(2)	······									
(3)										
(4)		-								
	2. Rent recei	ved or accru	ed			1				
(a) From personal property (if the		1		personal proper	y (if the	3(a) Deductions of	firectly connected with t	the income		
for personal property is more than 10% but not more than 50%)				or personal prope based on profit of		exceeds in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)			 			<u> </u>				
(4)										
Total		Total				(h) Total doducti				
(c) Total income. Add totals of co	, ,	•				(b) Total deducti Enter here and o	n page 1,			
here and on page 1, Part I, line 6			 			Part I, line 6, colu	ımn (B) ▶			
Schedule E - Unrelated D	ebt-Financed i	ncome (se	e instructi	ons)	2 1	Doductions directly of	onnected with or allocable	le to		
4 Description of del	nt formered assessed.			income from or	3.1		ced property			
1. Description of det	ot-illianced property					ht line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)			1			· ·				
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted of or allocable to debt-financed property (attach schedule)					ross income reportable (column		uctions f columns o))			
(1)	(220 3011	-	 	9	.					
(2)			 	9						
(3)			 		+					
(4)			<u> </u>	9						
<u>\'</u>			I		-	re and on page 1,	Enter here and or	n page 1.		
						ne 7, column (A).	Part I, line 7, colu			
Totals										

Form **990-T** (2019)

Schedule F - Interest, Ann	uities, Royaltie						ions (se	e instructi	ons)		
		Exe	Exempt Controlled Organizations								
Name of controlled organization	2. Employer identification numb	iei l	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific ayments made	ed .	include	t of column ed in the co ation's gross	ntrolling		I. Deductions directly inected with income in column 10	
(1)											
(2)											
(3)											
(4)		l						.,			
Totals	come of a Sec		 (c)(7),	(9), or (17		Part I,	nere and on line 8, colui	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount o	fincome		3. Deduction directly cor (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)				<u>.</u>							
(2)											
(3)											
(4)											
Totals ▶	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)	
Schedule I-Exploited Exe	mpt Activity In	come. O	ther Th	an Adverti	sing Ir	come (s	ee instru	ctions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	inses itly ed with ion of ated	4. Net Inconfrom unrelat or business 2 minus col If a gain, co	ne (loss) ed trade (column umn 3) ompute	5. Gros from ac	Gross income on activity that a not unrelated usiness income 6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1) ATCH 1				1						 	
(2)											
(3)											
(4)							 -				
	Enter here and on page 1, Part I, line 10, col. (A) 878, 603.	Enter here page 1, line 10, c	Part I, ∞l. (B)			•		,		Enter here and on page 1, Part II, line 25	
Totals ▶ Schedule J- Advertising In			, ,,,,,,				•			_	
Part I Income From Per			Concol	idated Bas	·ie	· · · ·					
Parti Income From Fer	Duicais Repor	leu on a	COLISOI	luateu bas)13			T			
1. Name of periodical	2. Gross advertising income	3. Dir advertisir		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7.		7. Excess readership costs (column 6 minus column 5, but not more than column 4).					
(1)				1	· · · · · · ·			1			
(2)										i	
(3)				-							
(4)											
Totals (carry to Part II, line (5))											

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)CLM MAGAZINE	683,953.	662,302.	21,651.	17,735.	257,878.	21,651.
(2)RIG MAGAZINE	9,085.	158,624.	-149,539.			
(3)						
(4)						
Totals from Part I ▶					-	
•	Enter here and on page 1, Part I, Inne 11, col. (A)	Enter here and on page 1, Part I, line 11, col. (B)		,		Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶	693,038.	820,926.				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form 990-T (2019)

AMERICAN INSTITUE FOR CHARTERED PROPERTY CASUALTY UNDERWRITERS

EIN: 23-1352012

FOR THE YEAR ENDED: DECEMBER 31, 2019

FEDERAL FORM 990-T, PART II, LINE 30 DETAIL

					Amo	unt Released in		
Year	_	Amount vailable		t Released in us Tax Years	the	e Current Tax Year	Amount Carried to Next Year	
2019	\$	127,888	\$	_	\$	_	\$	127,888
	\$	127,888	\$	-	\$	-	\$	127,888
NET OPI	ERAT	ING LOSS	CARRYF	ORWARD TO	202	0	\$	127,888