Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal Revenue Service

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

Open to Public Inspection

	9 calendar year, or tax year beginning , 2009, and ending		, 20			
B Check if applicable	Please C Name of organization IAP Worldwide Services Inc Voluntary Employees Beneficiary	D Employer Identifica	stion number			
Address change	use IRS label or Doing Business As Association (Formerly under Johnson Controls 84-1190043)	27-3819946				
X Name change	print or Number and street (or P O box if mail is not delivered to street address) Room/suit	E Telephone number				
Initial return	see 7315 N. ATLANTIC AVE	(321) 784-71	L00			
Terminated	Specific City or town, state or country, and ZIP + 4					
Amended	tions CAPE CANAVERAL, FL 32920	G Gross receipts \$	21,596,79			
return Application	F Name and address of principal officer TANYA MILLER	H(a) Is this a group return				
pending		affiliates?	affiliates?			
I Tay ayamat	7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920	H(b) Are all affiliates inclu				
I Tax-exempt	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If "No," attach a list (•			
J Website: ▶		H(c) Group exemption num				
K Form of orga		nation 1993 M State of	f legal domicile E			
Part I S	ımmary					
1 Brief	y describe the organization's mission or most significant activities		. 			
TO_	PROVIDE WELFARE BENEFITS FOR ELIGIBLE EMPLOYEES OF THE C	COMPANY AND				
THE	IR ELIGIBLE DEPENDENTS.					
Ē						
2 Chec	k this box I if the organization discontinued its operations or disposed of more than 25%	of its net assets				
ق 3 Num	and of colors and have of the annual back (Dath) (Landa)	1.1	5			
	per of voting members of the governing body (Part VI, line 1a) per of independent voting members of the governing body (Part VI, line 1b)	4	5			
≔ I			0			
5 Total	· · · · · · · · · · · · · · · · · · ·	5	0			
∢ • 10ta	number of volunteers (estimate if necessary) Gross unrelated business revenue from Bart VIII column (C) Inc. 13 RECEIVED	.] 6				
/a Total	gross unrelated business revenue mont rait vin, column (C), line 12	7a	6,76			
b Net u	nrelated business taxable income from Form 990-T, line 34	<u>တ္တု /7b </u>	5,76			
	8 NOV 1 5 2010	Prior Year	Current Year			
⊎ 8 Cont		<u> </u>				
9 Prog	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d)	19,227,520.	21,590,02			
7a Total b Net to 8 Cont 9 Prog 10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)	62,376.	6,76			
11 Othe	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.				
	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,289,896.	21,596,79			
	ts and similar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>			
	She and to be for each to the first of the f	18,341,380.	20,329,75			
45 0.1	its paid to or for members (Part IX, column (A), line 4) les, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	20/323/13			
		0.	*			
e loarion	essional fundraising fees (Part IX, column (A), line 11e)	·····				
b lota	fundraising expenses, Part IX, column (D), line 25)	1 100 010				
L	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,480,940.	1,240,87			
	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,822,320.	21,570,62			
19 Reve	nue less expenses Subtract line 18 from line 12	-532,424.	26,16			
oces		Beginning of Year	End of Year			
20 Tota	assets (Part X, line 16)	2,871,609.	2,944,98			
4 m 2 10 la	liabilities (Part X, line 26)	15,958.	63,16			
₩ E I	issets or fund balances Subtract line 21 from line 20	2,855,651.	2,881,81			
	ignature Block					
		and statements, and to the	a hart of my backet			
1 1 1	er penalties of perjury, I deglare/ that I have examined this return, including accompanying schedules belief, it με true, coπect, and complete. Declaration of preparer (other than officer) is based on all i	and statements, and to the nformation of which, prepa	e best of my knowl arer has any knowle			
Und and		,	,			
and	S AMO I VAMON	11/19-1				
Sign and	Signature of officer /	11177				
and	Signature of officer//	1117				
Sign and	ERILA KIMMNN CONTROLLE	11186				
Sign and	Signature of officer//	11182				
Sign Here	Signature of officer ERILA KINWNN, CONTROLLE Type or print name and title	11182				
Sign Here	Signature of officer ERILA KEINMAN CONTROLLE. Type or print name and title	11182				
Sign Here Pald Preparer's Firm	Signature of officer ERILA SIMMNN CONTROLLE Type or print name and title parer's pature Signature A POWARD. P. C.	11188				
Sign Here Pald Preparer's Use Only If sign Firm If see	Signature of officer ERILA SIMMNN CONTROLLE Type or print name and title Darer's pature 's name (or yours SMITH & HOWARD, P. 4) Hemployed),					
Pald Preparer's Use Only	Signature of officer ERILA SIMMNN CONTROLLE Type or print name and title parer's pature Signature A POWARD. P. C.					

JSA 9E1010 3 000

Form 990 (2009) 27-3819946 Part | Statement of Program Service Accomplishments Briefly describe the organization's mission TO PROVIDE WELFARE BENEFITS FOR ELIGIBLE EMPLOYEES OF THE COMPANY AND THEIR ELIGIBLE DEPENDENTS. 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 X 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 X No If "Yes," describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code including grants of \$) (Expenses \$) (Revenue \$ TO PROVIDE FOR THE PAYMENT OF MEDICAL, DENTAL, FULLY-INSURED VISION, SHORT-TERM DISABILITY, LONG-TERM DISABILITY, LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS TO CERTAIN EMPLOYEES OF IAP WORLDWIDE SERVICES, INC. UNDER THE PROVISIONS OF A GROUP INSURANCE POLICY. 4b (Code _____) (Expenses \$ including grants of \$) (Revenue \$ including grants of \$ 4c (Code) (Expenses \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶

Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 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 X IV Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X IV Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII soptional Is the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII soptional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Pari	Checklist of Required Schedules			
complete Schedule A 2 is the organization required to complete Schedule B, Schedule of Contributors? 3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If *Pes*, complete Schedule C, Part II. 3 Sections 501(c)(3) organizations. But the organizations list the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If *Yes*, complete Schedule C, Part III. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If *Yes*, complete Schedule C, Part III. 6 Dd the organization maintain any donor advised funds or any similar funds or accounts? If *Yes*, complete Schedule D, Part II. 7 Dd the organization maintain any donor advised funds or any similar funds or accounts in the control of the complete Schedule D, Part II. 8 Dd the environment, historic land areas, or historic structures? If *Yes*, complete Schedule D, Part III. 9 Dd 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. 10 Dd the organization report an amount for listed organization, hold assets in term, permanent, or quasi-endowments? If *Yes*, complete Schedule D, Part VI. 10 Dd the organization report an amount for investments—other-securitiesin Part X, line 10? If *Yes*, complete Schedule D, Part VII. 11 Dd the organization report an amount for investments—other-securitiesin Part X, line 10? If *Yes*, complete Schedule D, Part VII. 11 Dd the organization report an amount for other lassets in Part X, line 10? If *Yes*, complete Schedule D, Part VII. 12 Dd the organization report an amount for other lassets in Part X, line 10? If *Yes*, complete Schedule D, Part VII. 13 Dd the organization report an amount for other lasbilitie	4	In the appropriate described in protect FOM(a)(2) as 4047(a)(4), (allow the control of the contr		Yes	No
2 is the organization required to complete Schedule B, Schedule of Contributors? 3 Dd the organization regige in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Dd the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 6 Dd the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distilution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II. 7 Dd 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. 8 Dd the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Dd 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. 10 Dd the organization report an amount for himper and the part X, line 10 in Part X,	'				١
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6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
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X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IVII, XI, X as applicable. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 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 VIII 13 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 X, VIII 14 Did the organization report an amount for other lashlines in Part X, line 25? If "Yes," complete Schedule D, Part X 15 Did the organization report an amount for other lashlines in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 16 Steep organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, 21 A X 17 Did the organization maintain an office, employees, or agents outside of the United States? 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of gagegate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 19 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagegate grants or assistance to individuals located outside	_		_8_		X
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reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X If "Yes," complete Schedule D, Part X If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional If "Yes," complete Schedule E. If "Yes," complete Schedule E, Part I. If the individual in		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	, ,	-	3
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	, ,	,,	·*)
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 A Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X Y Yes Did the organization maintain an office, employees, or agents outside of the United States? 14 A X Yes Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Yes X Yes Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II Yes X Yes X Yes X Yes Yes, Testedule F, Part II Yes X Yes X Yes Yes, Testedule F, Part II Yes X Yes X Yes Yes, Testedule F, Part II Yes X Yes X Yes, Testedule F, Part II Yes X Yes X Yes, Testedule F, Part II Yes X Yes X Yes, Testedule F, Part II Yes X Yes X Yes X Yes, Yes, Testedule F, Part II Yes X Yes X Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,		·	, 9Å;	. >	;
the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII					,,
complete Schedule D, Parts XI, XII, and XIII	•				3
complete Schedule D, Parts XI, XII, and XIII				•	1,-1,-1
12 A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12		•5.		
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	42.4		12	X	
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 A	-	1,5%	•*	10
Did the organization maintain an office, employees, or agents outside of the United States?	12	\	40		
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes, "complete Schedule F, Part I					
business, and program service activities outside the United States? If "Yes, "complete Schedule F, Part I			14a		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes, "complete Schedule F, Part II	-		146		v
organization or entity located outside the United States? If "Yes, "complete Schedule F, Part II	15		140		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes, "complete Schedule F, Part III			15		x
to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		13		
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			16		х
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17				
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			17		Х
Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II	18				
			18		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	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		Х
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X

Fair	Checklist of Required Schedules (continued)		-	
			Yes	No
21`	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
25 G	with a disqualified person during the year? If "Yes, "complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		
U	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
		ach.		
26	990-EZ? If "Yes, "complete Schedule L, Part I	25b		
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.	26		X
27		26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	2.7		Ų
30	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		-
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,,
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		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	33		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	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	38	Х	

Form 9	990 (2009) 27-3819946		F	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable		,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		٠.	l i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	_3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		l	l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			J
L	account)?	4a		X
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			-
	and Financial Accounts	,		
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	-00		
•	Prohibited Tax Shelter Transaction?	5c		l
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1	L
7	Organizations that may receive deductible contributions under section 170(c).	۰.۰۰	: š	÷~. 17 🚽
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u>. </u>
	and services provided to the payor?	7a		ļ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		l
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	^4	.* `	13
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		لست
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
••	required?	7h		l
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			i
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		٠.	r.
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			. 1
а	Initiation fees and capital contributions included on Part VIII, line 12			1 - 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		. 1
11	Section 501(c)(12) organizations. Enter	Ī	-	.
	Gross income from members or shareholders	ļ	.	ı: l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			<u> </u>
	, , , , , , , , , , , , , , , , , , , ,	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

<u> </u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 5			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3_		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	` `	,	
	the year by the following			أد عدد
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11_	Χ	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Χ
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		,	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			, ,
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16h		
Sect	ion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
	available for public inspection. Indicate how you make these available. Check all that apply	′		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
13	policy, and financial statements available to the public			
20	·			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization TANYA MILLER 7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920 321-784-7149			

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

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

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

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee											
(A) (B) (C)								(D)	(E)	(F)	
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
ERICH REIMANN											
CONTROLLER	1.00	X									
YULIA FRICKER											
ACCOUNTANT III	1.00	Х									
LYN SMEY DIRECTOR OF INTERNAL CONTROLS	1.00	Х									
WILLIAM THOMAS DIRECTOR OF OPERATIONS	1.00	Х									
TANYA MILLER			<u> </u>	-							
MANAGER, EMPLOYEE BENEFITS	1.00	x									
							:				

Page 8

Part VII Section A. Officers, Directors, True		ey En	npl			and	Hig				ontinue		
(A) Name and title	(B) Average	Posit	ion (i	-	C) kalli	hat app	dv)	(D) Reportable	(E) Reporta		(F) imated	н	
Name and the	hours per week			Officer				compensation from the	compens from rela organiza	ation ated	amour	ount o other	of
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	m the nization relate	on ed
					<u> </u>								
													
				_									
				<u> </u>			<u> </u>						
1b Total		<u> </u>					>	1					
Total number of individuals (including but not lim reportable compensation from the organization	inted to thos	se liste		bov	e) w	ho re	ceiv	ed more than \$100	,000 in				
3 Did the organization list any former office	er. directo	or or	tru	istei	e.	kev e	ame	olovee, or highest	compens	ated		Yes	No
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the the organization and related organizations												· ×,	3.
individual											4		Х
services rendered to the organization? If "Yes,"											5		Х
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensate	ea in	aep	end	ient	con	iraci		more that	an \$100		ot 	
(A) Name and business addi	ess							(B) Description of ser	vices	С	(C) ompens	ation	
ATTACHMENT 2							\bot						
							-						
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	se I	isted above) who	received			,	~ ~*.

_	t VIII				rage 3		
rai	,	Statement of Revenue		(A) Total revenue	27-3819946 (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns			-		
	h	Total Add lines 1a-1f					
Service Revenue	2a b c	EMPLOYER CONTRIBUTIONS PARTICIPANT CONTRIBUTIONS	Business Code	14,804,815 6,785,207			14,804,815 6,785,207
Program Se	d e f g	All other program service revenue Total Add lines 2a-2f		21,590,022			
	3	Investment income (including dividends, interes other similar amounts) ATTACHMENT . Income from investment of tax-exempt bond pro	3 ▶ oceeds ▶	6,769 0		6,769_	
	5 6a	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal	0	The state of the s		
	c d	Rental income or (loss)		· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35	9 - 50 10e
	7a	Gross amount from sales of assets other than inventory	(II) Other		r & reg est	g \$* y	y 1 - 8 -
	b c	Less cost or other basis and sales expenses Gain or (loss)				* .	3'.
enue	8a	Net gain or (loss)	<u> ▶</u>	· ·	1 () () () () () () () () () (^	, ,
Other Revel	b	See Part IV, line 18 a Less direct expenses b				- ,	
ŏ	9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 a		,	-		2
	b c	Less direct expenses b Net income or (loss) from gaming activities		0.	•		-]
	10a	Gross sales of inventory, less returns and allowances a					
		Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue		0			
	11a b	MISCERDIEGUS REVERIUE	Dusiness Code				
	c d	All other revenue					
	e 12	Total. Add lines 11a-11d				6,769	21,590,022

Page **10**

Part IX Statement of Functional Expenses

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

	All other organizations must comple		not required to comp	ete columns (B), (C),	and (D)
	not include amounts reported on lines 6b, , 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 governments and		•		
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in		•		_
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	20,329,755.			-1
5	Compensation of current officers, directors,				
-	trustees, and key employees	0.			
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	0.		-	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.		-	
11	Fees for services (non-employees)				
a	Management	0.			
	Legal	0.			
С	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			<u> </u>
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	•	1 240 072			
	ADMINISTRATIVE_EXPENSE	1,240,872.			
C د		-			
ď					
e ,	All other evenesses				
	All other expenses Total functional expenses Add lines 1 through 24f	21,570,627.			
	Joint Costs. Check here ► If following	21,370,027.			
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,932,471.	2	1,943,302.
	3	Pledges and grants receivable, net	- · · · · · · · · · · · · · · · · · · ·	3	····
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	•
	6	Receivables from other disqualified persons (as defined under section	"		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	i -	Land, buildings, and equipment cost or 10a		3	
		other basis Complete Part VI of Schedule D			
	h	Less accumulated depreciation	• m n	10c	-
	11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	939,138.	15	1,001,678.
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,871,609.	16	2,944,980.
_	17	Accounts payable and accrued expenses	15,958.	17	63,165.
	18	Grants payable	13,750.	18	03,103.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
10	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilıtıes	22	Payables to current and former officers, directors, trustees, key		-	,
豆	22	employees, highest compensated employees, and disqualified	18.	,	.*
Lia		persons Complete Part II of Schedule L	- 1	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 Complete Part X of Schedule D		25	
	26	Takal Baladana Addibasa 47 Maranak Of	15,958.	26	63,165.
		Organizations that follow SFAS 117, check here and and	13,330.	20	03,103.
es		complete lines 27 through 29, and lines 33 and 34.			• "
	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		28	
ä	29	Permanently restricted net assets		29	
달		Organizations that do not follow SFAS 117, check here			
Ē	1	and complete lines 30 through 34.			*
0 8	30	Capital stock or trust principal, or current funds	2,855,651.	30	2,881,815.
set	31	Paid-in or capital surplus, or land, building, or equipment fund	2,000,001.	31	2,001,013.
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	- , .
Net Assets or Fund Balanc	33	Total net assets or fund balances	2,855,651.	33	2,881,815.
2	34	Total liabilities and net assets/fund balances	2,871,609.	34	2,944,980.
_	134	Total habilities and fiet assets/fully balances	2,0/1,009.	34	2,344,380.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions

Open to Public Inspection

Nami	e of the organization		Employer identification number
IA	WORLDWIDE SERVICES, INC VEBA		27-3819946
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to For	rised Funds or Other Similar Funds or m 990, Part IV, line 6	AccountsComplete if
		(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 adv	visors in writing that the assets held in donor a	advised
•	funds are the organization's property, subject to the		· · · · · · · · · · · · · · · Yes · · No
6	Did the organization inform all grantees, donors, and		
	used only for charitable purposes and not for the ber		
	purpose conferring impermissible private benefit?		
Pai	Conservation Easements. Complete if	the organization answered "Yes" to For	m 990. Part IV. line 7
1	Purpose(s) of conservation easements held by the o		
-	Preservation of land for public use (e.g., recrea	ation or pleasure) Preservation of	an historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the f	orm of a conservation
	easement on the last day of the tax year	_	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated b	y the organization during
	the tax year >	·	
4	Number of states where property subject to conserva	ation easement is located	· · · · · · · · · · · · · · · · · · ·
5	Does the organization have a written policy regarding	g the periodic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation ease	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easemen	ts during the year
	>		
7	Amount of expenses incurred in monitoring, inspectii	ng, and enforcing conservation easements du	iring the year
	> \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports co	onservation easements in its revenue and exp	pense statement, and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's financial sta	tements that describes
	the organization's accounting for conservation easer		
Pa	Organizations Maintaining Collections	s 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 S	SFAS 116, not to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	eld for public exhibition, education, or research inancial statements that describes these item	arch in furtherance of public service
b	If the organization elected, as permitted under S		
D	historical treasures, or other similar assets held		
	provide the following amounts relating to these iter	ms	•
	(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 a		
	following amounts required to be reported under S		5
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
	·		_ _

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

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009				_		7-3819					Page 2
Pai	t Organizations I	Maintaining C	ollections	of Art, Histo	orical	Treasures	s, or O	ther Similar	Assets(continu	ied)	
3	Using the organization's a		s sion, and	other records,	chec	any of the	followin	g that are a si	gnificant i	use of its	;	
	collection items (check all				_							
a	Public exhibition			d _		Loan or exc	hange p	programs				
b	Scholarly resear			e	╛	Other	·					
С	Preservation for	-										
4	Provide a description of the	ne organization's	s collections	s and explain	how th	ey further th	ne organ	nization's exer	npt purpo	se ın		
_	Part XIV											
5	During the year, did the o									_	_	_
	assets to be sold to raise									Yes		No
Par	IV, line 9, or rep	orted an amou	gements.C unt on Forn	complete if the some of the sound of the sou	he oro X, line	ganization e 21	answe	red "Yes" to	Form 99	≀0, Part ——–		
4.	lo the ergonization on one											
14	is the organization an age				-				ſ	一、 、		٦
ь.	included on Form 990, Pa								[Yes	· L	No
b	If "Yes," explain the arrange	gement in Part 7	(i v and con	ipiete the folic	wing	table T						
•	Roginning halanca					ŀ			Amount			
ن	Beginning balance											
	Additions during the year											
e	Distributions during the yearning balance											
f 20									-			т
2a	Did the organization include			, Paπ X, line .	217			• • • • • • •	[Yes		_ No
	If "Yes," explain the arrange							5 1871	10			
Par	t V Endowment Fu			1						T		
1.	Positions of year balance		Current Year	(b) Prior ye	ear	(c) Two yea	ers back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance Contributions			ļ		*,	. Çı			ļ		
b						,		ļ		ļ		
C	Net investment earnings,	I						1				
	and losses						, *,		·		*	
	Grants or scholarships .					*	<u> </u>	***		ļ		
е	Other expenditures for fac	1				* 4 9		1				ř
	and programs								L .	ļ		
	Administrative expenses					` >		<u> </u>		<u> </u>		
g	End of year balance	L				***		<u>l </u>		<u> </u>		
2	Provide the estimated per											
а	Board designated or quas			%								
b	Permanent endowment		. %									
C	Term endowment ▶	%										
3a	Are there endowment fund	ds not in the pos	s session of	the organizat	tion th	at are held a	and adm	inistered for th	ne			
	organization by										Yes	No
	(i) unrelated organization									3a(ı)		
	(ii) related organizations									3a(ıi)		
b	If "Yes" to 3a(II), are the re									3b		
4	Describe in Part XIV the in											
Par	t VI Investments - L	and, Building	s, and Equ	i <mark>ipment</mark> .See	Forn	n 990, Part	X, line	10				
	Description of investr	ment		or other basis) Cost or other basis (other)) Accumulated depreciation	(d) Book va	alue	
	Land		`	,	<u> </u>		-	p				
b	Buildings				 -							
_	•				-		+		 -			
	Leasehold improvements				-		+-					
	Equipment		-		 	<u>-</u>						
	Other			000 D: 13	<u> </u>	· · · · · · · · · · · · · · · · · · ·	10() ;					
rota	I. Add lines 1a through 1e	(Column (a) m	usi equal ro	ını 990, Part i	<u>x, colu</u>	ırın (B), line	10(C))	<u> ▶</u>	l			

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities, S	<u>ee Form 990, Part X, line 12</u>	2			
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value		
Financial de	erivatives					
Closely-hel	d equity interests					
Other						
	~~					
						
	~~ = ~					
Tatal (Calum	th must sound 5- an easy St. at V. and V. and V.					
Part VIII	(b) must equal Form 990, Part X, col (B) line 12)	Coo Form 000 Port V June 1	3	·		
rart VIII						
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market y	(c) Method of valuation Cost or end-of-year market value		
				- 		
				· · · · · · · · · · · · · · · · · · ·		
		- 				
	······································					
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)	>				
Part IX	Other Assets. See Form 990, Part					
		(a) Description		(b) Book value		
PARTICI	PANT CONTRIBUTIONS REC			259,420.		
ACCRUED	INTEREST RECEIVABLE			23.		
REFUNDS	FROM INS PROVIDERS			17,442.		
EMPLOYE	R CONTRIBUTIONS REC			723,356.		
OTHER				0		
INCOME '	TAX RECEIVABLE			1,437.		
			>	1,001,678.		
Part X	Other Liabilities. See Form 990, P	art X, line 25		· · · · · · · · · · · · · · · · · · ·		
1	(a) Description of liability	(b) Amount				
Federal inc	ome taxes			}		
				1		
				,		
Total (Column	n (b) must equal Form 990, Part X, col (B) line 25)	P				

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 27-3819946 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 21,596,791. 'n Total expenses (Form 990, Part IX, column (A), line 25) 21,570,627. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 26,164. 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 6 6 7 Other (Describe in Part XIV) 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 26,164 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 21,596,791. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2e 21,596,791. 3 3 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 21,596,791. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 21,570,627. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX. line 25 2b c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 21,570,627. 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 b Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)..... 21,570,627. 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

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

Employer identification number

27-3819946

ATTACHMENT 1

IAP WORLDWIDE SERVICES, INC VEBA

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, LINE 4

IAP WORLDWIDE SERVICES, INC. ACQUIRED THE SPONSORSHIP OF JOHNSON CONTROLS WORLD SERVICES, INC. EMPLOYEE WELFARE BENEFIT TRUST (THE TRUST) THROUGH A SPIN-OFF TRANSACTION THAT OCCURRED IN DECEMBER 2008. THE TRUST IS NOW A WELFARE BENEFIT TRUST FOR THE BENEFIT OF IAP WORLDWIDE SERVICES INC.'S EMPLOYEES, AND WAS PREVIOUSLY QUALIFIED UNDER INTERNAL REVENUE CODE 501(C)(9) UNDER A DIFFERENT LEGAL NAME BUT SAME FEDERAL EIN. THE TRUST HAS NOW RECEIVED A QUALIFIED DETERMINATION LETTER UNDER THE NAME IAP WORLDWIDE SERVICES, INC. EMPLOYEE'S BENEFICIARY ASSOCIATION AND RECEIVED A SEPARATE EIN FROM THE FORMER PLAN SPONSOR. THE TRUST WILL THEREFORE BEGIN REPORTING UNDER THE NEW FEDERAL EIN ASSIGNED TO IT IN THE DETERMINATION LETTER UNDER IAP WORLDWIDE SERVICES, INC.

MINUTES

FORM 990, PART VI, LINE 8B

MINUTES ARE RECORDED AT TRUSTEE MEETINGS AND REVIEWED BY EACH TRUSTEE BEFORE THE NEXT SCHEDULED MEETING.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

A DRAFT COPY OF THE 990 IS SENT TO THE DELEGATED TRUSTEES FOR REVIEW AND COMPLETION WITH ASSISTANCE FROM THE EXTERNAL CPA FIRM AND LEGAL COUNSEL.

UPON COMPLETION AND SUBMISSION TO THE IRS, EACH TRUSTEE RECEIVES A COPY

V 09-8.4

Page 2

Name of the organization

IAP WORLDWIDE SERVICES, INC VEBA

Employer identification number

27-3819946

ATTACHMENT 1 (CONT'D)

OF THE FINAL RETURN. MEETING MINUTES ARE RECORDED AT THE TRUSTEE MEETING.

COMPANY POLICY DISCLOSURE

FORM 990, PART IV, LINE 19

THE MASTER TRUST AGREEMENT AND OTHER GOVERNING POLICIES ARE MADE

AVAILABLE ON ITS MEMBER'S WEBSITE. A PAPER COPY IS ALSO PROVIDED UPON

REQUEST TO MEMBERS, ALONG WITH ANY OTHER REQUESTS FOR FINANCIAL

INFORMATION RELATED TO THE TRUST.

REASON FOR UNRELATED ENTITY & COMPENSATION DISCLOSURE

FORM 990, PART IV, LINE 34

IAP WORLDWIDE SERVICES, INC. EMPLOYEE WELFARE BENEFIT TRUST IS A VEBA

TRUST RETAINED FOR THE BENEFITS OF THE EMPLOYEES OF IAP WORLDWIDE

SERVICES, INC., A TAXABLE ENTITY OPERATING UNDER THE LAWS OF THE STATE OF

FLORIDA.

PURSUANT TO THE IAP VEBA TRUST AGREEMENT, IAP WORLDWIDE SERVICES, INC.

MUST OPERATE THE VEBA AS A SECTION 501(C)(9) ORGANIZATION, UNDER WHICH

RULES LIMIT IAP WORLDWIDE SERVICES, INC.'S ABILITY TO APPOINT 50% OR MORE

OF THE GOVERNING BODY OF THE ORGANIZATION.

UNDER THE 501(C)(9) REGULATIONS, THE VEBA MUST BE CONTROLLED EITHER BY AN INDEPENDENT TRUSTEE OR BY THE MEMBERS OF THE VEBA. IAP WORLDWIDE SERVICES, INC. MUST OPERATE THE VEBA TRUST IN ACCORDANCE WITH THESE REGULATIONS. AS A RESULT, THE MEMBERS OF THE VEBA ARE ENTITLED TO EXPRESS STATUTORY AUTHORITY TO CONTROL THE VEBA, LIMITING IAP WORLWIDE

Schedule O (Form 990) 2009 Page 2

Name of the organization
IAP WORLDWIDE SERVICES, INC VEBA

Employer identification number 27-3819946

ATTACHMENT 1 (CONT'D)

SERVICES, INC.'S ABILITY TO MAINTAIN CONTROL FOR PURPOSES OF THIS FORM

AND SECTION 501(C)(9).

THEREFORE, IT IS THE POSITION TAKEN ON THIS RETURN THAT THE VEBA TRUST IS NOT RELATED TO THE TAXABLE ENTITY IAP WORLDWIDE SERVICES, INC.;

ADDITIONALLY, NO RELATED PARTY COMPENSATION HAS BEEN DISCLOSED ON THIS RETURN.

		ATTACHMENT 2			
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS					
NAME AND ADDRESS		DESCRIPTION OF S	SERVICES	COMPENSATION	
CIGNA HEALTHCARE 900 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002		INSURANCE		656,380.	
AJ UNDERWRITERS LLC 1485 INTERNATIONAL PKWY, STE 2 LAKE MARY, FL 32746	071	STOP LOSS COV	ERAGE	129,808.	
TRESE PRINTING, INC. 2040 MURRELL ROAD ROCKLEDGE, FL 32955-3603		PRINTING		143,550.	
TOTAL CO	MPENSATION		=	929,738.	
FORM 990, PART VIII - INVESTMENT INCOME					
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATE BUSINESS R	D EXCLUDED	
INTEREST INCOME	6,769		6,769) 	

6.769.

6,769

TOTALS

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice		File a separate application for each return.		
If you are fi	ling for an	Automatic 3-N	onth Extension, complete only Part I and check this box		▶ X
			t Automatic) 3-Month Extension, complete only Part II (on page 2 already been granted an automatic 3-month extension on a previously		
Part I Auto	matic 3-l	Month Extens	ion of Time. Only submit original (no copies needed)	_	
			and requesting an automatic 6-month extension - check this box and	d complete	
Part I only			• • • • • • • • • • • • • • • • • • • •		▶ □
All other corporations to file inco			C filers), partnerships, REMICs, and trusts must use Form 700-	4 to request an	extension of
one of the relectronically returns, or a co	turns note f (1) you omposite	ed below (6 n want the addi or consolidated	can electronically file Form 8868 if you want a 3-month automonths for a corporation required to file Form 990-T) However, onal (not automatic) 3-month extension or (2) you file Forms 98 From 990-T Instead, you must submit the fully completed and s filing of this form, visit www irs gov/efile and click on e-file for Cha	, you cannot file 90-BL, 6069, or a signed page 2 (Pa	Form 8868 8870, group art II) of Form
Type or	Name of	Exempt Organiza	on IAP WORLDWIDE SERVICES, INC (F/K/A JO	Employer identificati	ion number
print	CON	TROLS, INC) EMPLOYEE WELFARE BENEFIT TRUST	84-1190043	
File by the	Number,	street, and room	r suite no. If a P.O. box, see instructions		
due date for	731	5 N. ATLAN	TIC AVE		
filing your return See	City, towr	or post office, st	te, and ZIP code. For a foreign address, see instructions		
instructions	CAF	E CANAVERA	L, FL 32920		
Check type of	return to	be filed (file a	separate application for each return)		
X Form 990	ı		Form 990-T (corporation)	4720	
Form 990	-BL		Form 990-T (sec 401(a) or 408(a) trust) Form	5227	
Form 990	Form 990-EZ Form 990-T (trust other than above) Form 6069		6069		
Form 990	-PF	•	Form 1041-A Form	8870	
If the organ	ization doe a Group R	Return, enter the	office or place of business in the United States, check this box organization's four digit Group Exemption Number (GEN)	If attach a list with	▶ ☐
names and EIN				attacii a iist witti	uic
until for the org	ganızatıon'	08/15 , 201 s return for year 2009 o	oth (6 months for a corporation required to file Form to file the exempt organization return for the organization n to file the exempt organization return for the organization n	990-T) extension	on of time extension is
2 If this tax	year is for	less than 12 m	inths, check reason Initial return Final return	Change in accoun	iting period
		is for Form 99 lits See instruc	0-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, leading	ss any 3a \$	0.
			PF or 990-T, enter any refundable credits and estimated tax pay		
			ayment allowed as a credit	3ь \$	0.
			m line 3a Include your payment with this form, or, if required, d		
			d, by using EFTPS (Electronic Federal Tax Payment System)	, (Sep.	
instruction			, , , , , , , , , , , , , , , , , , ,	3c \$	0.
		to make an ele	tronic fund withdrawal with this Form 8868, see Form 8453-EO and F		
for payment ins			asing tank mandranar man and rollin dood, acc rollin dada-EO and r	5.111 007 3-EO	
		erwork Reduct	on Act Notice, see Instructions.	Form 8865	8 (Rev 4-2009)
				1 0111 0000	, (1100 T-2003)

Form 8868 (Re	v 4-200 9)			Page 2	
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only F	art II and check this box		▶ X	
	y complete Part II if you have already been granted an automatic 3-month extens				
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only f	ile the original (no cor	ies neede	ed)	
Type or print	Name of Exempt Organization IAP WORLDWIDE SERVICES, INC (F	Employer identification number			
	CONTROLS, INC) EMPLOYEE WELFARE BENEFIT TRUST	84-119004	84-1190043		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only	-		
extended	7315 N. ATLANTIC AVE	·			
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
return See instructions	CAPE CANAVERAL, FL 32920			į	
Check typ	e of return to be filed (File a separate application for each return)				
1 1	m 990 Form 990-PF	Form 1041- A	For	m 6069	
For	m 990-B L Form 990-T (sec 401(a) or 408(a) tr ust)	Form 4720	For	m 8870	
For	m 990-EZ Form 990-T (trust other than above)	Form 5227			
	not complete Part II if you were not already granted an automatic 3-mor		usly filed F	orm 8868.	
	oks are in the care of TANYA MILLER	•	_		
	one No ▶ 321 784-7149 FAX No ▶				
 If the or 	ganization does not have an office or place of business in the United States, che	ck this box		▶□	
	for a Group Return, enter the organization's four digit Group Exemption Number		his is		
	ole group, check this box If it is for part of the group, check this l	· ——,———			
	e names and EINs of all members the extension is for				
4 I req	uest an additional 3-month extension of time until 11/15/2010				
5 For					
	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period				
7 State	e in detail why you need the extension ADDITIONAL TIME IS NEEDEL			3,	
IN	ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.				
8a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any			
	nonrefundable credits. See instructions			0.	
b If the	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and estimated			
tax	tax payments made Include any prior year overpayment allowed as a credit and any amount paid				
prev	iously with Form 8868		8b \$	0.	
c Bala	nce Due. Subtract line 8b from line 8a Include your payment with this form,	or, if required, deposit			
	FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment S		8c \$	0.	
	Signature and Verification				
Under penal	ties of perjury, I declare that I have examined this form, including accompanying schedules ar	d statements, and to the best of	f my knowledg	ge and belief,	
it is true, con	rect, and complete, and that I am authorized to prepare this form-				
	. 10	00	-).) .	
Signature >	Title > C	PA	<u> </u>	2/10	
			Form 8868	(Rev 4-2009)	
	SMITH & HOWARD, P.C.				

171 17TH STREET, SUITE 900 ATLANTA, GA 30363