



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form

## 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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
NATIONAL ASSOCIATION FOR FIXED ANNUITIESNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
2300 E Kensington BlvdCity or town, state or country, and ZIP + 4  
Milwaukee, WI 53211D Employer identification number  
54-1877987E Telephone number  
(414) 332-9306

F Group Exemption Number ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ►

J Tax-Exempt status (check only one)  501(c) (6) (insert no)  4947(a)(1) or  527

H Check ►  if the organization  
is not required to attach  
Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than  
\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 481,753

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	175,178
3	Membership dues and assessments	3	306,575
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ►)	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	481,753
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	294,890
14	Occupancy, rent, utilities, and maintenance	14	12,200
15	Printing, publications, postage, and shipping	15	95,337
16	Other expenses (describe ►)	16	122,908
17	<b>Total expenses.</b> Add lines 10 through 16	17	525,335
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-43,582
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	144,529
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	100,947

### Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	144,529	22 100,947
23 Land and buildings	0	23 0
24 Other assets (describe ►)	0	24 0
25 <b>Total assets</b>	144,529	25 100,947
26 <b>Total liabilities</b> (describe ►)	0	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	144,529	27 100,947



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	<b>37a</b>	0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		No	
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>Section 501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>			
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
<b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>			
<b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
<b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ► _____				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► _____				
<b>42a</b> The organization's books are in care of ► Kim O'Brien Telephone no ► (414) 332-9306 2300 E Kensington Blvd Located at ► Milwaukee, WI ZIP + 4 ► 53211				
<b>b</b> 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)?	<b>42b</b>		No	
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ► _____				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>				
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>		No	
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**50(f)** Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	2010-05-17
	Mike Tripses NAFA Chair		
	Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN <input type="checkbox"/>
			Phone no. <input type="checkbox"/>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-1877987  
**Name:** NATIONAL ASSOCIATION FOR FIXED ANNUITIES

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Steve Kerns 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0
Derek Ferguson 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0
Bob Phillips 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0
Michael Tripses 2300 E Kensington Blvd Milwaukee, WI 53211	Chair 6	0	0	0
Brian Williams 2300 E Kensington Blvd Milwaukee, WI 53211	Director 3	0	0	0
Ann Black 2300 E Kensington Blvd Milwaukee, WI 53211	Secretary 7	0	0	0
Jason Kestler 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0
Rob Stone 2300 E Kensington Blvd Milwaukee, WI 53211	Treasurer 2	0	0	0
Malott Nyhart 2300 E Kensington Blvd Milwaukee, WI 53211	Past Chair 6	0	0	0
Nick Gerhart 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0
Eric Thomas 2300 E Kensington Blvd Milwaukee, WI 53211	Vice Chair 5	0	0	0
Brian Grigg 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0
David Whitehead 2300 E Kensington Blvd Milwaukee, WI 53211	Director 4	0	0	0

## TY 2009 General Explanation Attachment

**Name:** NATIONAL ASSOCIATION FOR FIXED ANNUITIES

**EIN:** 54-1877987

**Software ID:** 09000073

**Software Version:** v1.00

Identifier	Return Reference	Explanation
F99Z_P05_S00_L35	Form 990-EZ, Part V, Line 35	Program Service revenues from membership for conference sponsorships and support

## TY 2009 Other Expenses Schedule

**Name:** NATIONAL ASSOCIATION FOR FIXED ANNUITIES**EIN:** 54-1877987**Software ID:** 09000073**Software Version:** v1.00

Description	Amount
Conference Travel of conference staff	23,097
Speaker Fees for Conferences	14,000
Website Consultation	54,000
Office Expenses - phone, fax, internet	31,811