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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public
Inspection

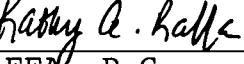
A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended <input type="checkbox"/> Application pending	C Name of organization National Association of Insurance and Financial Advisors		D Employer identification number 53-0232489	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 2901 Telestar Court			Room/suite
	City or town, state or country, and ZIP + 4 Falls Church, VA 22042			
	F Name and address of principal officer Paul C. Wessel same as C above			
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(6) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► www.naifa.org		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
L Year of formation 1921		M State of legal domicile DC		

Part I Summary

Activities & Governance 11 2011 Revenue SCANNED MAY Expenses	1 Briefly describe the organization's mission or most significant activities Advocate for a positive leg. environment, enhance prof. skills, promote members' ethical conduct		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	74
	6 Total number of volunteers (estimate if necessary)	6	179
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,628.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<176,769.>
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	
	9 Program service revenue (Part VIII, line 2g)	Current Year	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	720,586.	555,608.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,705,394.	11,705,115.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<97,538.>	<200,704.>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	314,936.	303,518.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	12,643,378.	12,363,537.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,000.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	6,263,716.	6,481,441.	
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,032,032.	6,148,140.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,295,748.	12,638,581.	
19 Revenue less expenses Subtract line 18 from line 12	<652,370.>	<275,044.>	
20 Total assets (Part X, line 16)	Beginning of Current Year		
21 Total liabilities (Part X, line 26)	End of Year		
22 Net assets or fund balances Subtract line 21 from line 20	17,463,874.	17,792,457.	
	18,076,847.	18,748,675.	
	<612,973.>	<956,218.>	

Part II Signature Block

Net Assets or Fund Balances	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 Paul C. Wessel, VP-Finance and Facilities Type or print name and title			
	4-14-11 Date			
Paid Preparer's Use Only	Preparer's signature ► 	Date 3/15/11	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 RAFFA, P.C. 1899 L Street, NW, Suite 900 Washington, DC 20036	EIN ►		
		Phone no ► 202-822-5000		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The mission of NAIFA is to advocate for a positive legislative and regulatory environment, enhance business and professional skills, and promote the ethical conduct of our members.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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:) (Expenses \$) (Revenue \$)
Support of state and local members – NAIFA provides programs which provide support to approximately 680 state and local associations. As the national federation, NAIFA works to ensure "best practices" among its state and local association members and produces a newsletter to keep state and local associations informed of NAIFA initiatives. Through this program, NAIFA has worked to develop a strategic plan consisting of marketing, membership, education/professional development, member benefits and legislative targets.

4b (Code:) (Expenses \$) (Revenue \$)
Legislation, regulation and ethics – NAIFA promotes the position of its members on issues of insurance and financial services at both the federal and state level. NAIFA's efforts include coordination of lobbying efforts, grassroots programs, public relations and political education.

4c (Code:) (Expenses \$) (Revenue \$)
Conference – NAIFA hosts an annual conference for its members designed to disseminate the latest information affecting financial advisors and life and health insurance agents.

4d Other program services. (Describe in Schedule O)

(Expenses \$) (Revenue \$)

4e Total program service expenses ► \$

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Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2. Is the organization required to complete Schedule B, Schedule of Contributors?

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4. **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5. **Section 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. 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

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- 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 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'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.

12A. 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

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a. Did the organization maintain an office, employees, or agents outside of the United States?

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

15. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

20. Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3	X	
4	N/A	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12		X
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	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	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a N/A	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b N/A	
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	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? If "Yes," complete Schedule L, Part III	27 X	
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
28c	c 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 X	
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 X	
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 X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 N/A	
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 X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	43
1b		1b	0
1c		1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	74
2b		2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).	N/A	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.	N/A	
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:	N/A	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:	N/A	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	16	
b	Enter the number of voting members that are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization		
	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?		
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?		
16a			X
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	None
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	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►	
	Paul C. Wessel, VP-Finance & Facilities – 703-770-8100	
	2901 Telestar Court, Falls Church, VA 22042	

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932006
02-04-10

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Thomas Currey, CLU, ChFC LUTCF; President	15.00	X	X				1,264.	0.	0.
Terry Headley, LUTCF, LIC, FSS; Pres. Elect	10.00	X	X				2,272.	0.	0.
Robert Miller, MA, MS Secretary	10.00	X	X				283.	0.	0.
Randy Scritchfield, CFP, LUTCF; Treasurer	10.00	X	X				1,422.	0.	0.
Cliff Wilson, CLU, ChFC, CLF; Immed. Past Pres.	10.00	X	X				1,871.	0.	0.
Brenda Doty, LUTCF, RHU, CLU; Director	5.00	X					0.	0.	0.
Stephen Estler, CLU, ChFC; Director	5.00	X					0.	0.	0.
Kenneth Evans, CLU, ChFC CFP, LUTCF; Director	5.00	X					1,974.	0.	0.
H. Larry Fortenberry, CPA, CLU, ChFC; Director	5.00	X					0.	0.	0.
Jules Gaudreau, Jr., ChFC, CIC; Director	5.00	X					1,660.	0.	0.
Keith Gillies, CLU, ChFC CFP; Director	5.00	X					0.	0.	0.
Roger McCullough, CLU Director	5.00	X					2,214.	0.	0.
Juli McNeely, LUTCF, CFP, CLU; Director	5.00	X					0.	0.	0.
John Nichols, CLU, DIA Director	5.00	X					0.	0.	0.
Robert Smith, CLU, ChFC, JD; Director	5.00	X					1,977.	0.	0.
Russell Smith, CLU, ChFC CFP, CSA; Director	5.00	X					0.	0.	0.
Jeffrey Taggart, CLU, ChFC, LUTCF; (9/1-9/15/09)	5.00	X	X				2,427.	0.	0.

932007 02-04-10 Immed. Past Pres.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Peter Browne, LUTCF Treas. (9/1-9/15/09)	5.00	X	X				1,827.	0.	0.
Susan Diane Wier, CFP, ChFC LUTCF; Dir. (9/1-9/15/09)	5.00	X					1,772.	0.	0.
John Healy, CAE CEO (9/1-12/15/09)	40.00		X				481,916.	0.	496,761.
Susan Waters, EDM, CAE CEO (12/15/09-8/31/10)	40.00		X				264,772.	0.	12,836.
Paul Wessel VP-Finance & Facilities	40.00		X				177,673.	0.	5,318.
Michael Gerber, JD Gen. Counsel & VP-HR	40.00			X			174,130.	0.	7,539.
Michael Kerley, Sr. VP-Fed. Gov't Relations	40.00				X		177,005.	0.	13,189.
William Anderson, Sr. VP State Gov't Relations	40.00				X		176,694.	0.	10,891.
Gary Sanders VP-State Gov't Relations	40.00				X		158,095.	0.	10,668.
Roland Panneton Sr. Counsel-State Gov't Relations	40.00				X		152,559.	0.	12,774.
1b Total						►	1,924,772.	0.	581,194.

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

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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Steptoe and Johnson, LLP, 1330 Connecticut Ave., NW, Washington, DC 20036	Legal	240,901.
LobbyDC.com, LLC, 316 Pennsylvania Ave., SE, #300, Washington, DC 20003	Legislative consulting	240,000.
Intuitive Business Concepts, LLC, 10451 Twin Rivers Road, #244, Columbia, MD 21044	Computer consulting	157,439.
Danea M. Kehoe, 3409 Stonybrae Drive, Falls Church, VA 22044	Legislative consulting	124,000.

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

4

See Schedule J-2 for Part VII, Section A Continuation

Form 990 (2009)

Part VIII Statement of Revenue

		(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts									
1 a Federated campaigns	1a								
b Membership dues	1b								
c Fundraising events	1c								
d Related organizations	1d								
e Government grants (contributions)	1e								
f All other contributions, gifts, grants, and similar amounts not included above	1f	555,608.							
g Noncash contributions included in lines 1a-1f \$									
h Total. Add lines 1a-1f			555,608.						
Program Service Revenue									
2 a Membership dues	Business Code:	900099	10670064.	10670064.					
b Conferences/mtgs 541800 &		900099	749,604.					20,400.	729,204.
c Awards		900099	156,758.	156,758.					
d Ed. & Prof. Develop.		900099	128,689.	128,689.					
e									
f All other program service revenue									
g Total. Add lines 2a-2f			11705115.						
3 Investment income (including dividends, interest, and other similar amounts)			65,078.					65,078.	
4 Income from investment of tax-exempt bond proceeds									
5 Royalties			131,369.					131,369.	
6 a Gross Rents	(i) Real	511,435.							
b Less: rental expenses	(ii) Personal	733,622.							
c Rental income or (loss)		<222187.>							
d Net rental income or (loss)									
7 a Gross amount from sales of assets other than inventory	(i) Securities	2653562.							
b Less cost or other basis and sales expenses	(ii) Other	2919344.							
c Gain or (loss)		<265782.>							
d Net gain or (loss)									
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a								
b Less: direct expenses	b								
c Net income or (loss) from fundraising events									
9 a Gross income from gaming activities. See Part IV, line 19	a								
b Less: direct expenses	b								
c Net income or (loss) from gaming activities									
10 a Gross sales of inventory, less returns and allowances	a								
b Less: cost of goods sold	b								
c Net income or (loss) from sales of inventory									
Miscellaneous Revenue	Business Code:								
11 a Service fees/exp reimb	900099	363,582.	363,582.						
b Qualified specified	900099	241,246.	241,246.						
c Equity in earnings payments	900099	<513,022.>	<513,022.>						
d All other revenue	900099 &	541800	302,530.	139,820.	162,710.				
e Total. Add lines 11a-11d			394,336.						
12 Total revenue. See Instructions			12363537.	11187137.	1,628.	619,164.			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9,000.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,356,413.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,885,384.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	355,823.			
9 Other employee benefits	587,849.			
10 Payroll taxes	324,170.			
11 Fees for services (non-employees)				
a Management				
b Legal	27,340.			
c Accounting	66,769.			
d Lobbying	733,448.			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	19,444.			
g Other	279,181.			
12 Advertising and promotion	199,118.			
13 Office expenses	1,038,714.			
14 Information technology	322,199.			
15 Royalties	32,954.			
16 Occupancy	824,274.			
17 Travel	417,659.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,114,307.			
20 Interest	3,325.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	483,456.			
23 Insurance	140,981.			
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)				
a Dues/subscriptions	495,310.			
b Van service	30,357.			
c Bad debt	21,241.			
d Provision for inc. tax benefit <8,349.>				
e OH costs allocable to	<186,720.>			
f All other expenses rental inc.	64,934.			
25 Total functional expenses. Add lines 1 through 24f	12,638,581.			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

National Association of Insurance and
Financial Advisors

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	175,190.	1	14,317.
	2 Savings and temporary cash investments	825,695.	2	2,211,506.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	181,173.	4	183,000.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	731,798.	9	745,403.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,227,197.		
	b Less: accumulated depreciation	5,378,227.	10c	12,848,970.
	11 Investments - publicly traded securities	2,232,051.	11	675,696.
	12 Investments - other securities. See Part IV, line 11	<8,919.	>12	826,164.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	245,472.	15	287,401.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	17,463,874.	16	17,792,457.
Liabilities	17 Accounts payable and accrued expenses	1,047,587.	17	1,358,731.
	18 Grants payable		18	
	19 Deferred revenue	4,175,531.	19	4,403,082.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,361,334.	23	10,092,618.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,492,395.	25	2,894,244.
	26 Total liabilities. Add lines 17 through 25	18,076,847.	26	18,748,675.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	<612,973.	>27	<956,218.>
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	<612,973.	>33	<956,218.>
	34 Total liabilities and net assets/fund balances	17,463,874.	34	17,792,457.

Form 990 (2009)

National Association of Insurance and
Financial Advisors

Form 990 (2009)

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Part XI: Financial Statements and Reporting

1. Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a. Were the organization's financial statements compiled or reviewed by an independent accountant?

b. Were the organization's financial statements audited by an independent accountant?

c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	National Association of Insurance and Financial Advisors	Employer identification number	53-0232489
----------------------	---	--------------------------------	------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

► \$ 0.
0.

- 2 Political expenditures
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955

► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955

► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 Yes No
 Yes No

4a Was a correction made?

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

► \$ 0.

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities

► \$ 0.

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

► \$ 0.

4 Did the filing organization file Form 1120-POL for this year?

 Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
NAIFA PAC	Falls Church, VA 22042	52-0899774	15,000.	5,188.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

National Association of Insurance and
Financial Advisors

Schedule C (Form 990 or 990-EZ) 2009

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**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768
(election under section 501(h)).**

A Check ► if the filing organization belongs to an affiliated group.

B Check ► if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0.

i Subtract line 1f from line 1c. If zero or less, enter -0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

National Association of Insurance and
Financial Advisors

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	10,670,064.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	2,397,466.
b Carryover from last year	2b	<61,495. >
c Total	2c	2,335,971.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,390,094.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	<54,123. >

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part I-C Continuation for Incomplete Name/Address Information:

NAIFA PAC

2901 Telestar Court Falls Church, VA 22042

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **National Association of Insurance and Financial Advisors** Employer identification number **53-0232489**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

**National Association of Insurance and
Financial Advisors**

Schedule D (Form 990) 2009

53-0232489 Page 2

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a Public exhibition

d Loan or exchange programs

b Scholarly research

e Other _____

c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

Part IV | Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If "Yes," explain the arrangement in Part XIV

Part V | Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	
3a(ii)	

3b

Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,550,825.			1,550,825.
b Buildings	14,579,419.	3,744,604.	10,834,815.	
c Leasehold improvements				
d Equipment	1,612,427.	1,211,751.	400,676.	
e Other	484,526.	421,872.	62,654.	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			►	12,848,970.

Schedule D (Form 990) 2009

National Association of Insurance and
Financial Advisors

Schedule D (Form 990) 2009

Financial Advisors

53-0232489 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX **Other Assets.** See Form 990, Part X, line 15

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2,894,244.

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.

932053
02-01-10

Schedule D (Form 990) 2009

National Association of Insurance and
Financial Advisors

Schedule D (Form 990) 2009

53-0232489 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	12,363,537.
2	12,638,581.
3	<275,044.
4	330,521.
5	
6	
7	
8	<398,722. >
9	<68,201. >
10	<343,245. >

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	16,322,556.
2	
2a	330,521.
2b	
2c	
2d	2,381,854.
2e	2,712,375.
3	13,610,181.
4	
4a	
4b	<1,246,644. >
4c	<1,246,644. >
5	12,363,537.

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

1	16,039,056.
2	
2a	
2b	
2c	
2d	3,400,475.
2e	3,400,475.
3	12,638,581.
4	
4a	
4b	
4c	0.
5	12,638,581.

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 XI, Line 8 – Other Adjustments:

Unrecognized actuarial loss (a direct charge to net assets): -398722.

Part XII, Line 2d – Other Adjustments:

Revenue of entities other than NAIFA included in the
consolidated audited financial statements, net of elimination
entries: 2381854.

932054
02-01-10

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)Part XII, Line 4b - Other Adjustments:

Equity in earnings of wholly owned subsidiary - reported "below the line" in the audited financial statements and then eliminated in consol.: -513022.

Expenses associated with rental income - reported as a direct reduction of income on the Form 990: -733622.

Part XIII, Line 2d - Other Adjustments:

Expenses of entities other than NAIFA included in the consolidated audited financial statements, net of elimination entries.: 2666853.

Expenses associated with rental income - reported as a direct reduction of income on the Form 990.: 733622.

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

Department of the Treasury
Internal Revenue Service

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

National Association of Insurance and
Financial Advisors

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Desc 2

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed						
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed						
►	□					(h) Purpose of grant or assistance

Foundation to Eradicate Duchenne,
Inc. - P.O. Box 2371 - Alexandria,
VA 22330-0371

2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009
U.:

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Schedule I, Part I, Line 2: NAIFA makes general support contributions only to well established organizations upon the recommendation and approval of management. The recipient organization's overall accomplishments are reviewed.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	National Association of Insurance and Financial Advisors	Employer identification number
		53-0232489

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2009

National Association of Insurance and
Financial Advisors

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (j) and from related organizations, described in the instructions, on row (k). **Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the allocable column (D) or column (E) amounts on Form 8990 Part VI.

National Association of Insurance and
Financial Advisors

Schedule J (Form 990) 2009

Part III Supplemental Information

53-0232489

Page 3

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

Part I, Line 1a: NAIFA reimburses its Board members for spouse travel to certain events. This travel expense is treated as taxable income to the Board members. Additionally, the Board President is provided with a discretionary spending account and all payments are treated as taxable income.

The former CEO, John Healy received a gross-up payment for disability insurance which was treated as taxable income.

Part I, Line 4a: The former CEO, John Healy received a total severance of \$483,847. No amount of this severance was paid as of 12/31/09 (calendar year reporting in Sch. J.).

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

National Association of Insurance and
Financial Advisors

Employer Identification number
53-0232489

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Schedule J-2 (Form 990) 2009

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization	National Association of Insurance and Financial Advisors	Employer identification number 53-0232489
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Form 990, Part VI, Section A, line 6: NAIFA members in the active and associate classes have the right to participate in the organization's governance. Active members are insurance and financial advisors licensed to sell life, health and/or property-casualty insurance. Active members are entitled to vote for and seek election or appointment as members of the NAIFA National Council. Active members who are members of the National Council, which includes members of the NAIFA Board of Trustees, past NAIFA Presidents, past elected NAIFA Trustees (for five years after their Board service), Presidents and National Committee persons of NAIFA's state and local associations (or their alternates), Special Delegates appointed by NAIFA's state associations, and chairs of NAIFA affiliated units and standing committees, elect the NAIFA Board, vote on proposed resolutions and amendments to the NAIFA Bylaws, and review decisions of the NAIFA Board that are referred to the National Council.

Associate members are individuals affiliated with the home or agency office of a life insurance company or with a profession or other business related to life insurance. Associate members are entitled to vote for NAIFA local association Presidents (and in some cases NAIFA local association National Committee persons) who serve as members of the NAIFA National Council.

Form 990, Part VI, Section A, line 7a: The NAIFA National Council annually elects the officers and trustees of the NAIFA Board of Trustees (trustees are elected for two-year terms). The members of the NAIFA National Council, each of whom has one vote, are comprised of the NAIFA Board, past NAIFA presidents, past elected NAIFA trustees (for five years after their Board service), Presidents and National Committee persons of NAIFA's state

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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2009

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Name of the organization	National Association of Insurance and Financial Advisors	Employer identification number 53-0232489
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and local associations (or their alternates), Special Delegates appointed
by NAIFA's state associations, and chairs of NAIFA affiliated units and
standing committees.

Form 990, Part VI, Section A, line 7b: Decisions of the NAIFA Board of
Trustees are referred to the NAIFA National Council for final determination
if the NAIFA Secretary receives a timely petition signed by a majority of
NAIFA's state association presidents which requests that the Board decision
be referred to the National Council. The members of the NAIFA National
Council, each of whom has one vote, are comprised of the NAIFA Board, past
NAIFA presidents, past elected NAIFA trustees (for five years after their
Board service), Presidents and National Committee persons of NAIFA's state
and local associations (or their alternates), Special Delegates appointed
by NAIFA's state associations, and chairs of NAIFA affiliated units and
standing committees. In addition, amendments to the NAIFA Bylaws made by
the NAIFA Board of Trustees must be timely ratified in writing by
two-thirds of the NAIFA state association presidents and National Committee
persons.

Form 990, Part VI, Section B, line 11: NAIFA's Form 990, prepared by its
independent auditors, is reviewed by the Director of Finance, the VP of
Finance and Facilities and the General Counsel/VP of Human Resources.
Prior to the filing date, the members of the Finance Committee are sent an
electronic copy of the Form 990 for individual review. If discussion
between the Finance Committee members is needed, they participate in a
conference call. Before filing, a final version of the return is

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

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Inspection

Name of the organization	National Association of Insurance and Financial Advisors	Employer identification number 53-0232489
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distributed to the members of the NAIFA Board.

Form 990, Part VI, Section B, Line 12c: The NAIFA Conflict of Interest Policy and Disclosure Form, which covers the NAIFA Board of Trustees, is explained and distributed to the NAIFA Board annually at its first meeting and the disclosure form is completed by the Board members at that time.

The NAIFA conflict of interest policy is also distributed to Board members throughout the year by inclusion with the materials distributed for each NAIFA Board meeting and Board members are reminded of the policy at the beginnnig of each Board meeting. NAIFA Board members have a continuing obligation to promptly disclose to the Board if a potential, apparent, or actual conflict of interest arises and, if required, to remove himself/herself from NAIFA Board discussions and decisions concerning the matter and to take such other actions as may be called for by the Board. It is the NAIFA Board's obligation to consider each matter brought to its attention under the conflict of interest policy and to advise the Board member involved as to the appropriate action. NAIFA Board members may submit questions regarding the conflict of interest policy to NAIFA's general counsel.

The conflict of interest policy contained in the NAIFA Employee Handbook covers all NAIFA employees and requires employees to immediately notify their supervisor of a potential conflict of interest. NAIFA management reserves the right to prohibit any activity that may constitute a conflict of interest and employees who participate in practices that constitute a prohibited conflict of interest are subject to disciplinary action.

Supplemental Information to Form 990

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

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Inspection

Name of the organization

National Association of Insurance and
Financial Advisors

Employer identification number
53-0232489

Form 990, Part VI, Section B, Line 15: The compensation of the current NAIFA CEO was determined and approved by the NAIFA Executive Committee, which was authorized to exercise the powers of the NAIFA Board of Trustees, in consultation with NAIFA's General Counsel and Vice President of Human Resources. The NAIFA Executive Committee was provided with data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations and determined the CEO's compensation through negotiation with the CEO. NAIFA maintains contemporaneous documentation and recordkeeping with respect to deliberations and decisions regarding the compensation arrangement. The process for determining the compensation for NAIFA staff officers and key employees varies and has included the use of comparability data, negotiations with prospective employees, and annual adjustments tied to performance evaluations. The NAIFA Board of Trustees approves such compensation as part of its approval of NAIFA's annual budget, upon a recommendation from the NAIFA Finance Committee, and minutes are taken of those decisions.

Form 990, Part VI, Section C, Line 19: Requests for financial statements and governing documents will be considered and may be made available upon review of the request.

Form 990, Part XI, Line 2c:

NAIFA has an established audit committee which assumes responsibility for oversight of its financial statement audit including approval of the independent auditors and meetings with the independent auditors.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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National Association of Insurance and
Financial Advisors

Employer identification number
53-0232489

This process is unchanged from the prior year.

Form 990, Part VI, Line 13

NAIFA's whistleblower policy applies to NAIFA employees but does not
extend to NAIFA volunteers.

Form 990, Part VI, Line 10a

NAIFA is a federation of state, local and at-large member associations,
with individual members at the national, state and local (or at-large)
levels. State, local and at-large associations elected to NAIFA's
membership agree to be bound by NAIFA's bylaws, to adopt the standard
form for association bylaws, and to comply with the accepted standards
for member associations. However, state, local and at-large
associations elected to NAIFA's membership are separate legal entities
from NAIFA and NAIFA does not have legal authority to exercise
supervision and control over its member associations.

Form 990, Part VI, Line 14

NAIFA's finance department maintains a Records Retention schedule in
the accounting policies and procedures manual. The schedule/policy
does not extend to NAIFA volunteers.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ▶ See separate instructions.

National Association of Insurance and
Financial Advisors

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part II Identification of Related Tax-Exempt Organizations during the tax year

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

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

Part III **Identification of Related Organizations Taxable as a Partner** organizations treated as a partnership during the tax year.)

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

(a)	Name, address, and EIN of related organization	(b)	Primary activity	(c)	Legal domicile (state or foreign country)	(d)	Direct controlling entity	(e)	Type of entity (C corp, S corp, or trust)	(f)	Share of total income	(g)	Share of end-of-year assets	(h)	Percentage ownership
NAIFA Service Corporation -	52-1985466	2901 Telestar Court	Falls Church, VA 22042	-	-	-	-	-	-	-	-	-	-	-	

National Association of Insurance and

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (ar)	(c) Amount involved
(1) NAIIFA Service Corporation	A	241,246.
(2) NAIIFA Service Corporation	B	552,274.
(3) NAIIFA Service Corporation	K	518,631.
(4) NAIIFA Service Corporation	N	707,283.
(5) NAIIFA Service Corporation	P	298,997.
(6)		

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

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

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

► Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization National Association of Insurance and Financial Advisors	Employer identification number 53-0232489
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 2901 Telestar Court	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Falls Church, VA 22042	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

Paul C. Wessel, VP-Finance & Facilities

- The books are in the care of ► **2901 Telestar Court - Falls Church, VA 22042**
- Telephone No. ► **703-770-8100** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

►

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **April 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- calendar year or
- tax year beginning **SEP 1, 2009**, and ending **AUG 31, 2010**.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any <u>nonrefundable credits</u> . See instructions	3a \$ <input type="text"/>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <input type="text"/>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <input type="text"/> N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.