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Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047  
**2016**

Department of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

**A** For the 2016 calendar year, or tax year beginning September 1, 2016, and ending August 31, 2017

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

**C** Name of organization National Association of Insurance and Financial Advisors  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) \_\_\_\_\_  
2901 Telestar Ct  
 City or town, state or province, country, and ZIP or foreign postal code  
Falls Church, VA 22042

**D** Employer identification number  
53-0232489

**E** Telephone number  
(703) 770-8100

**G** Gross receipts \$ 13,437,307

**F** Name and address of principal officer Kevin M. Mayeux  
Same as above

**H** (a) Is this a group return for subordinates? ☐ Yes ☒ No  
 (b) Are all subordinates included? ☐ Yes ☒ No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) 4947(a)(1) or 1361

**J** Website: www.NAIFA.org

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Year of formation 1921

**M** State of legal domicile DC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities Advocate for a positive legislative and regulatory environment, enhance business and professional skills, and promote the ethical conduct of our members.

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

**3** Number of voting members of the governing body (Part VI, line 1a) 3 17

**4** Number of independent voting members of the governing body (Part VI, line 1b) 4 17

**5** Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 60

**6** Total number of volunteers (estimate if necessary) 6 144

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 79,088

**b** Net unrelated business taxable income from Form 990-T, line 34 7b 0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	578,100	557,300
<b>9</b> Program service revenue (Part VIII, line 2g)	10,778,579	11,031,415
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,220	120,580
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,926	244,161
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,703,825	11,953,456
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	16,500
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,795,137	5,748,782
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	0
<b>17</b> Other expenses (Part IX, column (A), lines 12-14)	5,578,491	5,710,234
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,373,628	11,475,516
<b>19</b> Revenue less expenses Subtract line 18 from line 12	(669,803)	477,940
<b>20</b> Total assets (Part X, line 16)	6,169,019	6,546,526
<b>21</b> Total liabilities (Part X, line 26)	6,733,569	6,104,865
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	(564,550)	361,661

## Part II Signature Block

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer Kevin M. Mayeux CEO Date 7/5/18

Type or print name and title

**Paid Preparer Use Only** Preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_  
 Firm's name \_\_\_\_\_ Firm's EIN \_\_\_\_\_  
 Firm's address \_\_\_\_\_ Phone no. \_\_\_\_\_  
 Check ☐ Self-employed

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

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Form 990 (2016)

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:  
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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Legislation, regulation and ethics - National Association of Insurance and Financial Advisors (NAIFA) promotes the position of its members on issues relating to 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.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Support of State and Local members - NAIFA provides programs which provide support to approximately 520 state and local associations. As the national association, NAIFA works to ensure "Best Practices" among its state and local associations and that they are informed of NAIFA initiatives. Through the program, NAIFA has worked to implement strategic plans consisting of marketing, membership, education/professional development, member benefit and legislative targets

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Member Benefits and Professional Development - NAIFA offers numerous professional programs and products to enhance skills and provide value-added business services.

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

4e Total program service expenses ▶

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**Part IV** Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
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	3	✓
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6	✓
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	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b 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	11b	✓
c 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	11c	✓
d 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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
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 (see instructions)	17	✓
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	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		✓
<b>20 b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		✓
<b>23</b> 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	✓	
<b>24 a</b> 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 25a		✓
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25 a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
<b>25 b</b> 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		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		✓
<b>28</b> 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)		
<b>28 a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
<b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
<b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
<b>33</b> 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		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	✓	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
<b>35 b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<b>37</b> 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		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	✓	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	36	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	60
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1096-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
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	<b>Section 501(c)(12) organizations.</b> Enter:		
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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**Part VI**

Check if Schedule O contains a response or note to any line in this Part VI ☒ [2]

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 17	
b Enter the number of voting members included in line 1a, above, who are independent.	1b 17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6 Did the organization have members or stockholders?	6 ✓	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a ✓	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b ✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a ✓	
b Each committee with authority to act on behalf of the governing body?	8b ✓	
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.	9	✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a ✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c ✓	
13 Did the organization have a written whistleblower policy?	13 ✓	
14 Did the organization have a written document retention and destruction policy?	14 ✓	
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.	15a ✓	
b Other officers or key employees of the organization.	15b ✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed. none

18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Jennifer Cassidy (703) 770-8100 2901 Telestar Ct Falls Church, VA 22042

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list all hours for related organizations between dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul R. Dougherty, LUTCF, FSS, HIA President	15.00 .30	✓		✓				1,603	0	0
(2) Keith M. Gillies, CFP, CLU, ChFC President Elect	10.00	✓		✓				1,058	0	0
(3) Jules O. Gaudreau, Jr., ChFC, CIC Immediate Past President	10.00	✓		✓				1,584	0	0
(4) Jill M. Judd, LUTCF, FSS Secretary	10.00	✓		✓					0	0
(5) Cammie K. Scott, LUTCF, REBC, RHU Incoming Secretary	10.00	✓		✓					0	0
(6) Matthew S. Tasse, CLU, ChFC, LUTCF Treasurer	10.00 .30	✓		✓					0	0
(7) David A. Beaty, IAR, ChFC, CLU, LUTCF Director	1.00	✓						958	0	0
(8) Aprilyn Chavez Glissler Director	1.00	✓							0	0
(9) Connie Golleher, CLTC, LACP Director	1.00	✓							0	0
(10) Todd G. Grantham, CFP, CLU, ChFC, MSFS Director	1.00	✓						1,018	0	0
(11) Byron A. Holz, CLU, ChFC, LUTCF, LACP Director	1.00	✓							0	0
(12) Brock T. Jolly, CFP, CLU, ChFC, CASL Director	1.00	✓							0	0
(13) Booker Joseph, CLU, ChFC, FLMI Director	1.00	✓							0	0
(14) Delvin L. Joyce, CLU, ChFC Director	1.00	✓							0	0

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

(A) Name and title	(B) Average hours per week that any hours for the entire organization (below dotted line)	(C) Position (do not check more than one box unless person holds all at once; officer and director rates) Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Other <input type="checkbox"/>						(D) Reportable compensation from the organization (A-1, Part III, A, 1)	(E) Reportable other compensation from the organization (A-1, Part III, A, 2)	(F) Estimated amount of other compensation from the organization (A-1, Part III, A, 3)
		Officer	Director	Trustee	Key employee	Highest compensated employee	Other			
(15) Thomas O. Michel, LACP Director	1.00	<input checked="" type="checkbox"/>						0		0
(16) Van E. Mueller, LUTC, LACP Director (9/2016)	1.00	<input checked="" type="checkbox"/>						0		0
(17) Charles M. Olson, CLU, ChFC, LACP Director	1.00	<input checked="" type="checkbox"/>					843	0		0
(18) Gregory T. Toscano, LUTC Director	1.00	<input checked="" type="checkbox"/>						0		0
(19) James J. Van Ham, CFP, CLU, ChFC, LUTC Director (until 9/2016)	1.00	<input checked="" type="checkbox"/>						0		0
(20) Kevin M. Mayeux CEO	40				<input checked="" type="checkbox"/>		481,362	0		23,268
(21) Jennifer Cassidy VP Finance	40				<input checked="" type="checkbox"/>		154,290	0		3,232
(22) Michael Gerber, JD COO & General Counsel	40				<input checked="" type="checkbox"/>		228,893	0		16,855
(23) Dine Boyle Senior VP Government Relations	40					<input checked="" type="checkbox"/>	232,614	0		20,236
(24) Gary Sanders Counsel & VP of Government Relations	40					<input checked="" type="checkbox"/>	191,358	0		16,333
(25) Sheila Owens VP Communications & Marketing	40					<input checked="" type="checkbox"/>	177,769	0		17,065
<b>1b Sub-total</b>							1,473,350	0		96,989
<b>c Total from continuation sheets to Part VII, Section A</b>							341,776	0		35,850
<b>d Total (add lines 1b and 1c)</b>							1,815,126	0		132,839
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										15

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and title	(B) Description of services	(C) Compensation
Steeple & Johnson, LLP, 1330 Connecticut Ave. NW, Washington DC 20036	Legal/Legislative Consulting	309,591
Intuitive Business Concepts, L.L.C., 8460 Guilford Rd., Suite 232, Columbia, MD 21046	IT Consulting	183,711
LobbyDr. Com, L.L.C., 325 7th St. NW, Suite 400, Washington DC 20004	Legislative Consulting	180,000
Danea Koehoe, 3409 Stonybrae Dr., Falls Church, VA 22044	Legislative Consulting	180,000

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

4



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

(A) Name and title	(B) Average hours per week (list any hours for related organization below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(26) (15) Mark Rogers VP Informations Systems	40					✓	172,264	0	19,337
(27) (16) Yasemin Washington VP Member Marketing Association Services	40					✓	169,512	0	16,513
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1b Sub-total</b>							341,776	0	35,850
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

- 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
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Total revenue excluded from taxable income	(C) Total revenue excluded from taxable income	(D) Total revenue excluded from taxable income
Contributions, Gifts, Grants and Other Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants and similar amounts not included above	1f	557,300		
	g	Nonarm contributions included in lines 1a-1f \$				
	h	<b>Total</b> Add lines 1a-1f		557,300		
Program Service Revenue	2a	Membership dues	Business Code 900099	9,772,779	9,772,779	
	b	Conferences/meetings	900099	756,702	620,938	135,764
	c	Awards	900099	108,410	108,410	
	d	Education and Prof. Dev.	900099	175,555	175,555	
	e	Service fees	900099	217,969	70,380	147,589
	f	All other program service revenue				
	g	<b>Total</b> Add lines 2a-2f		11,031,415		
	3	Investment income (including dividends, interest, and other similar amounts)		55,306		55,306
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties		77,622		77,622
Other Revenue	6a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Secured (ii) Other	1,549,125		
	b	Less: cost or other basis and sales expenses		1,483,851		
	c	Gain or (loss)		65,274		
	d	Net gain or (loss)		65,274		65,274
	8a	Gross income from fundraising events or (including \$ of contributions reported on line 1c) See Part IV, line 1b	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part V, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	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	11a	Misc. income	Business Code 900099	33,419	
b		Sublease income	900099	92,911		92,911
c		Affinity Program	900099	46,942	46,942	
d		All other revenue	900099	(6,733)	32,146	(38,879)
e		<b>Total</b> Add lines 11a-11d		166,539		
12		<b>Total revenue</b> See instructions		11,953,456	10,748,067	79,088

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII**

	(A) Total functional expenses	(B) Program expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	16,500			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	951,603			
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.	3,914,702			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	100,587			
9 Other employee benefits.	469,912			
10 Payroll taxes.	311,978			
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,843			
c Accounting.	55,256			
d Lobbying.	700,748			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	66,555			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	271,225			
12 Advertising and promotion.	191,391			
13 Office expenses.	515,466			
14 Information technology.	364,390			
15 Royalties.	8,116			
16 Occupancy.	914,930			
17 Travel.	497,533			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,251,695			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	220,692			
23 Insurance.	66,891			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues & Subscriptions.	380,805			
b Temporary Help.	171,328			
c Miscellaneous Expenses.	29,370			
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	11,475,516			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. (Check here <input type="checkbox"/> if following SOP 98-2 (AIC 958-220).)				

**Part X Balance Sheet**

Check if Schedule C contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	250	1	250
	2 Savings and temporary cash investments	3,055,759	2	2,179,904
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	116,506	4	583,971
	5 Loans and other receivables from current and former officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(b)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	549,919	9	342,789
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	2,938,503	10a	
	10b Less accumulated depreciation	2,362,129	10b	
	10c	589,322	10c	576,374
	11 Investments—publicly traded securities	1,586,532	11	2,617,508
	12 Investments—other securities. See Part IV, line 11	(24,555)	12	(42,370)
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	295,286	15	298,100
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,169,019	16	6,556,526
Liabilities	17 Accounts payable and accrued expenses	1,132,617	17	1,590,315
	18 Grants payable		18	
	19 Deferred revenue	3,120,700	19	2,449,144
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,480,252	25	2,155,406
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,733,569	26	6,194,865
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	(689,550)	27	220,061
	28 Temporarily restricted net assets	125,000	28	141,600
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	(564,550)	33	361,661
	34 <b>Total liabilities and net assets/fund balances</b>	6,169,019	34	6,556,526

990,000

**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,953,456
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,475,516
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	477,940
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	(564,550)
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	97,600
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	350,662
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	361,661

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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.	✓	
<b>3a</b> 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>b</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.		

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule C (Form 990) or 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 16 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Part I-A and, if "No," complete Part II.
- Section 501(c)(4) organizations: Complete Part I-A and, if "No," complete Part II.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on 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 5708, please check box 15 (b): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5708, check box 15 (c): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35 (Proxy Tax) (see separate instructions), then:

- Section 501(c)(3), (4), or 527 organizations: Complete Part III.

Name of organization

Employer identification number

National Association of Insurance and Financial Advisors

54-0232489

**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 (see instructions for definition of "political campaign activities").
- 2 Political campaign activity expenditures (see instructions) \$
- 3 Volunteer hours for political campaign activities (see instructions)

**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 5720 for this year? Yes ☐ No ☐
- 4a Was a correction made? Yes ☐ No ☐
- 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 \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 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 the filing organization made payments. 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds	(e) Amount of political contributions received that were promptly and directly delivered to a separate political organization
(1) NAIFA PAC	2901 Telestar Court Falls Church, VA 22012	52-0899714	0	12,397
(2)				
(3)				
(4)				
(5)				
(6)				

**2100**

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h))

- A Check ☐ if the form is being checked by the IRS. If checked, the IRS will be notified of the organization's filing status, address, and other information. If checked, the IRS will be notified of the organization's filing status, address, and other information.
- B Check ☐ if the form is being checked by the IRS. If checked, the IRS will be notified of the organization's filing status, address, and other information. If checked, the IRS will be notified of the organization's filing status, address, and other information.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

- 1a Total lobbying expenditures for the year (including amounts paid or incurred for lobbying)
- 1b Total lobbying expenditures for the year (excluding amounts paid or incurred for lobbying)
- 1c Total lobbying expenditures (including 1a and 1b)
- 1d Other exempt purpose expenditures
- 1e Total exempt purpose expenditures (including 1d and 1c)
- 1f Lobbying nontaxable amount. Enter the amount from the following table in the appropriate column.

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

- 1g Enter the lobbying nontaxable amount (enter 25% of line 1f)
- 1h Subtract line 1g from line 1c. If zero or less, enter 0.
- 1i Subtract line 1h from line 1e. If zero or less, enter 0.
- 1j 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 separate instructions for lines 2a through 2f.

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year for fiscal year beginning on	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
150% of line 2a, column (e)					
2b Lobbying ceiling amount					
2c Total lobbying expenditures					
2d Grassroots nontaxable amount					
2e Grassroots ceiling amount (150% of line 2d, column (e))					
2f Grassroots lobbying expenditures					

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 9700  
(election under section 501(c))

		(a)	(b)
		Yes	No
		Amount	
1	During the year, did the filing organization (except for an individual or a partnership) incur any expenditure for the production or distribution of any of the following, through the use of:		
a	Volunteers?		
b	Paid staff or management (include compensation reported on lines 1 through 11)?		
c	Media advertisements?		
d	Mailings to members, contributors, 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	Hallies, demonstrations, seminars, conventions, speeches, lectures, or any similar events?		
i	Other activities?		
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 or on behalf of the organization under section 4912.		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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	✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	✓
3	Did the organization agree to carry over lobbying and political campaign or issue expenditures from the prior year?	3	✓

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

1	Does, assessments and similar amounts from members	1	9,172,715
2	Section 502(c) 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	2,337,715
b	Carryover from last year	2b	(126,167)
c	Total	2c	2,211,548
3	Aggregating and reapplying section 505(a)(1) rules of nondeductibility (if section 502(c) does	3	2,196,130
4	If rules were not applied 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 lobbying and nondeductible lobbying and political expenditures next year?	4	16,418
5	Taxable amount of lobbying and political expenditures (year starting on	5	

## Supplemental Information

Provide the descriptions required for Part I-A (1-1), Part I-B (1-1), Part I-C and 3, Part I-A (related group 1-1), Part II-A, lines 1 and 2 (see caption), 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831,

Page 10

Nash A gives its employees the option to make contributions to NAFSA's 401(k) retirement plan. These contributions are promptly

Page 10 NATA PAC



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

National Association of Insurance and Financial Advisors

53-0232489

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
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 easements 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, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**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 the 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 XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		166,493	83,759	82,734
d Equipment		2,161,613	1,763,090	398,523
e Other		610,397	515,280	95,117
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10.)				516,314

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or other investment, including name of issuer	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
2. Accrued Medical Benefits	80,654
3. Deferred Gain on Sale-Leaseback	2,074,752
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2,155,406

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

53032007 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5

**Part XIII Supplemental Information.**

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

Part X, Line 2

For the years ended August 31, 2017 and 2016, management did not identify any uncertain tax positions requiring recognition or disclosure in these Consolidated Financial Statements

SCHEDULE I  
(Form 990)

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

2016

Open to Public  
Inspection

Employer identification number

53-0232489

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?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address (street, city, state, and ZIP code) of the organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of the assistance	(h) Purpose of the assistance
(1)	Community Found of Acadiana, 1035 Camellia Blvd, Suite 100	72-1493023	501 (c) (3)	10,000				Hurricane Relief Efforts
(2)	Lafayette LA 70508							
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3	Enter total number of other organizations listed in the line 1 table							

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

Cap No 500SSP

Schedule I (Form 990) (2016)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of the cash or noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

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

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

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**16**

**Open to Public Inspection**

Name of the organization

Employer identification number

National Association of Insurance and Financial Advisors

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |   |   |
|--|-----------|---|---|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> | ✓ |   |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> |   | ✓ |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> |   | ✓ |

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

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

- |                                    |           |  |  |
|------------------------------------|-----------|--|--|
| <b>a</b> The organization?         | <b>5a</b> |  |  |
| <b>b</b> Any related organization? | <b>5b</b> |  |  |
- If "Yes" on line 5a or 5b, describe in Part III.

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

- |                                    |           |  |  |
|------------------------------------|-----------|--|--|
| <b>a</b> The organization?         | <b>6a</b> |  |  |
| <b>b</b> Any related organization? | <b>6b</b> |  |  |
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

53-0232989

2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note The sum of columns (i) through (v) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E), except for that individual.

(A) Name and Title	(B) Breakdown of 2016 compensation					(C) Retirement or other deferred compensation	(D) Non-excess benefits	(E) Excess benefits	(F) Total compensation
	(i) Base compensation	(ii) Bonus or incentive compensation	(iii) Other reportable compensation	(iv) Non-excess benefits	(v) Excess benefits				
1 Kevin Mayeux CEO	427,443	53,919	0	0	10,917	0	12,351	504,630	0
2 Jennifer Cassidy VP of Finance	151,790	2,500	0	0	3,099	0	133	157,522	0
3 Michael Gerber CEO	223,893	5,000	0	0	5,537	0	11,318	245,748	0
4 Diane Boyle SVP Gov. Relations	230,114	2,500	0	0	6,852	0	13,384	252,850	0
5 Gary Sander's VP Gov. Relations	190,358	1,000	0	0	4,287	0	12,046	207,691	0
6 Sheila Owens VP Comm. & Market	175,269	2,500	0	0	5,304	0	11,761	194,834	0
7 Mark Rogers VP Info. Systems	169,764	2,500	0	0	5,046	0	14,291	191,601	0
8 Yasemin Washington VP Member	110,219	59,293	0	0	3,335	0	13,178	186,025	0
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**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part 1, 1A.

NAIFA reimburses its Board members for companion travel to certain events.

This travel expense is treated as taxable income to Board members

Part 1, Line 4a

Yasemin Washington was paid a severance of \$59,293. Ms. Washington signed a separation agreement in return for receiving severance pay equal to four months of salary, and continued medical and dental coverage under NAIFA's health plan.

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

2016

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

National Association of Insurance and Financial Advisors

Employer identification number

53-0232489

Form 990, part VI, section A, line 1

The NAIFA Board of Trustees annually authorizes an Executive Committee to exercise all of the Board's powers when the Board is not in session. The Executive Committee is comprised of the NAIFA President, President-Elect, Immediate Past President, Secretary, and Treasurer. The Executive Committee is required to report its action to the Board at the next Board meeting following such action, and unless disapproved by the Board at such next meeting, the Executive Committee's actions are final as though taken by the Board.

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 alternatives), 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 to 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's Trustees (for five years after their Board service), Presidents and National Committee persons of NAIFA's state and local associations (or their alternatives), special delegates appointed by NAIFA's state associations, and chairs of NAIFA affiliated units and standing committees.

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

National Association of Insurance and Financial Advisors

Employer identification number

53-0232489

## 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 federal form 990 is prepared by its Director of Finance, reviewed by the VP of Finance, the COO, CEO, as well as by its independent auditors. Prior to the filing date, the members of the Finance Committee are sent an electronic copy of the draft form 990 for individual review. If discussions between the Finance Committee members is needed, they participate in a conference call. Before filing, a final version of the return is 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 beginning of each Board meeting. NAIFA Board members have 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 members 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 supervisors of a potential conflict of interest. NAIFA management reserves the right to prohibit any activity that may

Employer's name

Employer identification number

National Association of Insurance and Financial Advisors

53-0232489

constitute a conflict of interest policy and employees who participate in practices that constitute a prohibited conflict of interest are subject to a disciplinary action.

Form 990, part VI, section B, line 15

The compensation of the 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 COO and NAIFA's Vice President of Finance. 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 negotiations with the CEO and through annual adjustments tied to performance evaluations. NAIFA maintains contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangements. The process for determining the compensation for NAIFA staff officers and key employees varies and has included the use of comparability data, negotiation with prospective employees, and annual adjustments tied to performance evaluations. The NAIFA Board of Trustees approves such compensation as part of its approval of the NAIFA 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, governing documents and the conflict of interest policy will be considered and may be made available upon request.

Form 990, part XI, line 9, changes in net assets

Amortization of deferred gain on sale-leaseback	350,662
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Total to form 990, part XI, line 9	350,662
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Form 990, part VI, section B, line 10A

NAIFA is a federation of state and 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 associations 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 control over its member associations.

Name of the organization

Employer identification number

National Association of Insurance and Financial Advisors

53-0237489

Form 990, part VI, section B, line 13:

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

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2016  
**Open to Public Inspection**

Employer identification number

National Association of Insurance and Financial Advisors

53-0232489

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

(1) Disregarded entity	(2) Name of disregarded entity	(3) Primary activity	(4) Legal domicile (state or foreign country)	(5) Total income	(6) Disregarded income	(7) Disregarded capital gains
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(1) Name of related tax-exempt organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Exempt Code section	(5) Total income (if sec. 501(c)(3))	(6) Disregarded income	(7) Disregarded capital gains	(8) Yes	(9) No
(1) NAIFA PAC 52-0899774 2901 Telestar Court Falls Church VA 22042	Political Fundraising	District of Columbia	527	N/A	NAIFA		✓	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Cat No 50135Y

Schedule R (Form 990) 2016



## Part V

Yes No

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**Part VII****Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**Part II, Identification of related tax-exempt organizations.**

Name of related organization

NAIFA PAC

Direct controlling entity, National Association of Insurance and Financial Advisors

**Part IV, Identification of related organizations taxable as Corp or Trust.**

Name of related organization.

NAIFA Service Corporation

Direct controlling entity, National Association of Insurance and Financial Advisors