732001 11-28-17

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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.

2017 Open to Public

		or the Treasury enue Service	Go to www.irs.go	ov/Form990 for instructions a	nd the lates	t information	Open to Public Inspection
Α	For th	e 2017 calenc			d ending D		mapoction
В	Check if	C Name o	of organization		<u></u>	D Employer identifi	cation number
Г	Addr	ess The Fi	inancial Planning Associati	lon			
늗	Jchan	; 				04 15	11400
F	chan lnitia		r and street (or P.O. box if mail is not o	felwared to street address)	Room/suite	84-152	
F	returi Final	7575 5	and street to F.O. box is mains not t E. Hampden Ave.	penvered to street address)	600	E Telephone numbe	er 59-4900
_	returi termi ated	n.	town, state or province, country, an	d ZID or foreign poetal and	1000		
٢	Amer	nded Donne		id ZiP or loreign postal code		G Gross receipts \$	6,634,598.
F	— returi Appli		and address of principal officer Lau	ren Schadle		H(a) Is this a group r	
_	ltion pend	ina l	C above	2011 20114420	۸ (for subordinates	
$\overline{}$	Tay ey	cempt status	501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1	527	H(b) Are all subordinates i	
		ite: ► www.on		/ (mserrio.) (4347(a)(1	321	1	list (see instructions)
		f organization:		Association Other	I Vear	H(c) Group exemption of formation: 1999	VI State of legal domicile DC
_	art I	Summary		1	I Cai	oriormation, 2555	vi State of legal doffliche DC
٠	1	<u> </u>	pe the organization's mission or mo	st significant activities PPA .f	osters the	value of	
Governance	'		planning and advances the				
'n	2		if the organization disc			than 25% of its not a	ecote
Š	3		ting members of the governing boo	/ 4 / 4		3	13
Ğ	4		dependent voting members of the g		13 /	4	13
Š	5		of individuals employed in calenda			5	44
Activities	6		of volunteers (estimate if necessary	/ -/		6	2300
ŧ	7 a		d business revenue from Part VIII,	· / h. / .	1/15/	7 ₈	46,971.
⋖			business taxable income from Fori		(/~/`	7b	-861,332.
_					10/	riioriear	Current Year
a	8	Contributions	and grants (Part VIII, line 1h)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	C/Γ	6,250.	43,750.
Ď	9		ce revenue (Part VIII, line 2g)		/ -	9,879,134.	6,409,434.
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3,	4, and 7d)	√ <u> </u>	61,941.	58,782.
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8	•		161,425.	122,632.
	12	Total revenue	- add lines 8 through 11 (must equ	al Part VIII, column (A), line 12)		10,108,750.	6,634,598.
	13		milar amounts paid (Part IX, column			0.	0.
	14	Benefits paid	to or for members (Part IX, column	0.	0.		
S	15	Salaries, other	r compensation, employee benefits	3,317,276.	2,191,265.		
Expenses	16a	Professional fu	undraising fees (Part IX, column (A)	, line 11e)	, [0.	0.
xbe	b	Total fundraisi	ing expenses (Part IX, column (D), li	ne 25) 🕨	0.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11	d, 11f-24e)		6,680,686.	4,348,348.
	18	Total expense	s Add lines 13-17 (must equal Part	IX, column (A), line 25)		9,997,962.	6,539,613.
	19	Revenue less	expenses. Subtract line 18 from lin	e 12		110,788.	94,985.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
Set	20	Total assets (F	Part X, line 16)			8,198,532.	7,414,200.
₹ Pe	21	Total liabilities	(Part X, line 26)	•		5,659,564.	4,700,204.
蓬	22		fund balances Subtract line 21 from	m line 20		2,538,968.	2,713,996.
	art II	Signature					
			I declare that I have examined this return				y knowledge and belief, it is
true,	correc	ct, and complete.	Declaration of preparer (other than offi	cer) is based on all information of v	vhich preparer	has any knowledge.	
		Sighours	of officer			Pata	
Sig	n	'				Date	
Her	е		Schadle, Executive Direct	or/CEO			
		, ,,		1		ate Cherk T	
		Print/Type prep		Preparer's signature		I Dillock L	PTIN
Paid		Francis K.		1 1-1		11/14/2018 self employ	
	neras	Firm's name	Capin Crouse LLP			Firm's EIN	36-3990892
use	Only	Firm's address	2435 Research Parkway,				
		<u> </u>	Colorado Springs, CO 80			Phone no.719	
May	the If	RS discuss this	s return with the preparer shown ab	ove? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

1 Brief To fir 2 Did pric if ") 3 Did if ") 4 Des Sec reve 4a (Cod FPA The Adv exh con net con imp	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III If y describe the organization's mission elevate the profession that transforms lives through the power of nancial planning. The organization undertake any significant program services during the year which were not listed on the reform 990 or 990-EZ? Yes," describe these new services on Schedule O. The organization cease conducting, or make significant changes in how it conducts, any program services? Yes," describe these changes on Schedule O. The organization's program service accomplishments for each of its three largest program services, as It though 10 (3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe enue, if any, for each program service reported. Yes annual Conference is the largest gathering of CPP professionals. Ye event spotlights FPA's core competencies: Knowledge, Community, Yocacy and Leadership. The program offers many educational tracks, an Yes annual conference of FPA, Various FPA member communities gather to Work, share best practices and connect with like-minded members. The Yes attendees to take back to their practice for immediate Yellowent attendees to take back to their practice for immediate	measured by expensers, the total expenses	
To fir	elevate the profession that transforms lives through the power of mancial planning. the organization undertake any significant program services during the year which were not listed on the profession that transforms lives through the power of mancial planning. the organization undertake any significant program services during the year which were not listed on the profession of the organization undertake any significant changes in how it conducts, any program services? (see, "describe these new services on Schedule O. (the organization's program service accomplishments for each of its three largest program services, as at ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe enue, if any, for each program service reported. (a) (Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2} \text{ professionals}. (a) Annual Conference is the largest gathering of CFP professionals. (b) (Revenue the program of t	measured by expensers, the total expenses	s x
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The Adverse Ad	Annual Conference is the largest gathering of CFP professionals. event spotlights FPA's core competencies: Knowledge, Community, cocacy and Leadership. The program offers many educational tracks, an hibit hall, roundtable discussions and various pre-conferences ducted by partners of FPA. Various FPA member communities gather to work, share best practices and connect with like-minded members. The ference is built around sharing practical knowledge and strategies attendees to take back to their practice for immediate		
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4b (Cod Men FPA men tak ass			
4b (Cod Men FPA men tak ass	lementation.		
mem tak ass	e) (Expenses \$ including grants of \$) (Revenue their Relations.	e\$	
tak ass	Membership staff assist FPA members in joining and renewing as FPA		
ass	bers as well as navigating their FPA member benefits to ensure they		
the	e full advantage of their membership. As a professional membership		
the	ociation, benefits are focused on supporting members in elevating		
con	ir knowledge through professional development, expanding their		
	nections through community, growing their businesses through tools		
and	resources for business success, and protecting their profession		
thr	ough advocacy.		
4c (Cod		e \$	
	Retreat is a long-standing, non-traditional gathering of the FPA		
	munity. It is an event that attracts the "best and brightest" of the		
	fession due to its level of intimacy, community learning and		
	anced, cutting edge content. The conference provides opportunities		
for	networking, advanced education, and exposure to new theories and		
bes	t practices.		
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Form **990** (2017)

Page 3

Form 990 (2017) 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
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		х
4	Section 501(c)(3) organizations. 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	х	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		^
	Schedule D, Part III	8		X
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		х
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		х
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			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	х	'
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		х
С	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	х	
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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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		<u> </u>
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		х
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	17		Х
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		x
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
		_	000	2017

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		х
22	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	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b	į	
26	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	26		х
27	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	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3'		
J O	Note. All Form 990 filers are required to complete Schedule O	38	x	1
	14050.7 SET OTTE 000 HOLD BE TOQUEOU TO COMPLETE CONTROLLE O		990 (2017)
				/

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form	990 (2017) The Financial Planning Association		84-1521488		Р	age :
Par						
	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	1a	27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming	1		
	(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	44			'
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		·	2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	If "Yes," enter the name of the foreign country	40004				-
Ü	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	ots (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	100001	no (i briti).	 5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transi-	action?	,	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action		5c		
		he ora	anization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	ne org	anization solicit	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions c	or aifts	Va		
U	were not tax deductible?	110113	n girts	6b		
7	Organizations that may receive deductible contributions under section 170(c).			. ,		7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1 11000 }	orovidod to the payor	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ac rea	uured	70		
·	to file Form 8282?	as req	ulleu	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	[70		-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		1	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		501	7f		-
	If the organization received a contribution of qualified intellectual property, did the organization file F		200 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ü	sponsoring organization have excess business holdings at any time during the year?	a by til	6	8		
9	Sponsoring organizations maintaining donor advised funds.			-		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter.			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	 				
U	amounts due or received from them.)	11b				
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form) ?	12a	—	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
_		120	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			138		
L.	Note. See the instructions for additional information the organization must report on Schedule O					- .
D	Enter the amount of reserves the organization is required to maintain by the states in which the	125		İ		'
_	organization is licensed to issue qualified health plans	13b		•		
C	Enter the amount of reserves on hand	1 130			1	

14a

14b

Х

Form 990 (2017)

The Financial Planning Association

84-1521488

Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion 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 13			1					
,_	If there are material differences in voting rights among members of the governing body, or if the governing	<u>.</u> '		1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b				١. ا					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	٠.							
2	officer, director, trustee, or key employee?			×					
•				 					
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		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x					
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	Х						
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		X					
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	х	L					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а		8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	*							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X					
Sec	tion 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	Х						
þ	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	х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a		12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
b	Other officers or key employees of the organization	15b	х						
	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			2					
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1					
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•							
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶GA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X 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	fınan	cıal						
	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:								
	Craig Noll - 303-759-4900								
	7535 E Hampden Ave. No. 600 Denver CO. 80231								

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

🔟 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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 in helder the organiza		T	211126			iihe	iisai			/E)
(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per		not c					compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	ector	ł			1		the	organizations	compensation
	hours for	or dir	, s	ł		ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		, a	beus		(W-2/1099-MISC)		organization and related
	below	dualt	tonal	_	ploy.	st con	<u>.</u>			organizations
	line)	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Го гтег			5. ga
(1) Pamela Sandy	5.00				<u> </u>	<u> </u>				
Chair		х		х	l			0.	0.	0.
(2) Shannon Pike	5.00									
President		x	L	X				0,	0,	0.
(3) Frank Pare	5.00]								
President Elect		х	L	х			<u> </u>	0.	0,	0.
(4) Molly Balunek	5.00	1								
Board Member		х		_				0.	0.	0.
(5) Carol Craigie	5,00									
Board Member		х		<u> </u>			_	0.	0.	0.
(6) Ann Dowd	5,00								_	_
Board Member		x		<u> </u>				0.	0.	0.
(7) Tony Mahabir	5.00				ŀ				_	_
Board Member		х	_	<u> </u>			_	0.	0.	0.
(8) Dick Power	5.00	١			:					
Board Member		X						0.	0.	0.
(9) Skip Schweiss	5.00	,							0	
Board Member	5.00	х	<u> </u>			<u> </u>	-	0.	0.	0.
(10) Martin Seay	5,00	x						0	٥	
Board Member	5.00	_	H			_	 	0.	0.	0.
(11) Catherine Seeber	5.00	x						0.	0,	0
Board Member (12) Michael Shockley	5.00	^				\vdash	<u> </u>	0.	0.	0.
Board Member	3.00	x			ļ			0.	0.	0.
(13) Todd Stanard	5,00	<u> </u>	\vdash			\vdash		•		
Board Member		x						0.	0.	0.
(14) Lauren Schadle	40.00					\vdash	\vdash	<u> </u>		
Executive Director / CEO				x		{		363,486.	0.	21,591.
(15) Craig Noll	40.00					┢┈╴			-	,
Director of Finance		1		x				130,327.	0.	20,023.
(16) Heather Caldwell	40.00	 	\vdash	\Box		\vdash	\vdash			
Dir. of Member Engagement		1				$ _{\mathbf{x}} $		114,456.	0.	21,395.
(17) Karen Nystrom	40.00									
Government Relations						x		115,193.	0.	7,840.
732007 11-28-17			_					· · · · · · · · · · · · · · · · · · ·	,, -,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990 (2017)

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Part VII Section A. Officers, Directors, Ti	rustees, Key Em	ploy	/ees	, an	d H	ighe	st C	ompensated Employee	s (continued)			
· (A)	(B)				C)			(D)	(E)	ŀ	(F)	
Name and title	Average	(do	not o	Pos check	itior more	ነ than	one	Reportable	Reportable	Es	stimate	ed
	hours per	box	c, unle	ess pe	erson	is bot	h an	compensation	compensation	an	nount	of
	week	-	T a	no a c	Irecu	Jirus	Tee,	from	from related		other	
	(list any hours for	director						the	organizations		pensa	
	related	18	8			ated		organization	(W-2/1099-MISC)		rom th	
	organizations	trustee	trust	l	₈	ubeu		(W-2/1099-MISC)			janizat d relat	
	below	ual tr	Bonal	İ	l g	licol Ne col					anızatı	
	line)	Indiwdual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o o	ui iizuti	0113
(18) Ron Zwerin	40.00	✝	┞	Ť	1							
Director of Marketing						х		179,829.	0.			591
(19) Kristine Mazzullo	40.00											
Director of Membership		<u> </u>		_	<u> </u>	х		120,404.	0.		8	,932
(20) Stacy Branch	40.00											
Director of Corporate Relations		<u> </u>	ļ	_	\vdash	ļ		110,452.	0.		17	,061
		-			ĺ							
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1b Sub-total							>	1,134,147.	0.		97,	433.
c Total from continuation sheets to Part	VII, Section A							0.	0.			0,
d Total (add lines 1b and 1c)							<u> </u>	1,134,147.	0.		97,	433.
2 Total number of individuals (including bu	t not limited to th	nose	liste	ed a	bove	e) wi	no re	eceived more than \$100,0	000 of reportable			-
compensation from the organization											Yes	No
3 Did the organization list any former offic	or director or tri	icto	a ka	or	mole	····	011	highest companyated om	anlovos on		163	140
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J formation			e, ke	зу е	пріс	yee	, OI I	nighest compensated en	ipioyee on	3		- <u>x</u>
4 For any individual listed on line 1a, is the			hmn	ener	ation	anı	d oth	ner compensation from th	ne organization	-		 -
and related organizations greater than \$	•		•					•	ic organization	4	<u></u>	
5 Did any person listed on line 1a receive of									ual for services			-
rendered to the organization? If "Yes," co	•				•					5		×
Section B. Independent Contractors								•				
1 Complete this table for your five highest	compensated in	depe	ende	ent c	ontr	acto	ors ti	hat received more than \$	100,000 of compens	ation f	rom	

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
David Brand		
3945 Promontory Court, Boulder, CO 80304	Strategic Development	203,219.
Communication Strategy Group		
44 Cook Street, Ste. 450, Denver, CO 80304	Marketing Consultants	165,000.
Ben Lewis		
P.O. Box 430, Clarksburg, MD 20871	Public Relations	158,421.
Brightkey		
60 West St. Ste. 300, Annapolis, MD 21401	Call Center	134,836.
Link Strategy Group, 3435 Ocean Park Blvd.		
#107-426, Santa Monica, CA 96405	Marketing Strateic Part.	114,000.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization ▶	d to those listed above) who received more than	5 900 (0047)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and 43,750 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 43,750 h Total. Add lines 1a-1f Business Code 900099 4,069,028. 4,069,028 Program Service Revenue 2 a Membership Dues Events and Conferences 900004 2,018,619 2,018,619 900099 492,875 467,211. 25,664 c 900099 Change in Value FSIC -171,088. -171,088. All other program service revenue 6,409,434. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 58,782 58,782. other similar amounts) Income from investment of tax-exempt bond proceeds 53,197 53,197. 5 Royalties (i) Real (II) Personal 27,000 6 a Gross rents b Less rental expenses 27 000. c Rental income or (loss) 27,000. 27,000. d Net rental income or (loss) (ı) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 21,128 and allowances Ú. b Less: cost of goods sold 21,128 21,128 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a Advertising 541800 21,307 21,307 b С d All other revenue 21,307. e Total. Add lines 11a-11d 6,634,598 6,404,898 46,971. 138,979. Total revenue. See instructions.

Form 990 (2017) The Financial Planni Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			, 1. у	х
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	525 405			
_	trustees, and key employees	535,427.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,334,582.			
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,334,302.			
3	section 401(k) and 403(b) employer contributions)	14,416.			
9	Other employee benefits	177,680.			
10	Payroll taxes	129,160.			
11	Fees for services (non-employees).				
а					
b	Legal	5,033.			
С	Accounting	19,920.			
d	Lobbying	56,000.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	1,005,424.			
12	Advertising and promotion	222,661.	·		·
13	Office expenses	264,950.			
14	Information technology	316,093.			
15	Royalties	170,180.			
16	Occupancy	463,520.			
17	Travel	405,520.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,431,451.			
1 9 20	Interest	-,,			
21	Payments to affiliates	66,000.			
22	Depreciation, depletion, and amortization	201,353.	· · · · · · · · · · · · · · · · · · ·		
23	Insurance	28,461.			
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 0)				
а	Dues & Subscriptions	44,117.			
b					
C					
d					
e	All other expenses	53,185.			
25	Total functional expenses. Add lines 1 through 24e	6,539,613.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	j			
	Check here If following SOP 98-2 (ASC 958-720)	•		ı	

84-1521488

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,817,419 1,118,345. Cash · non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 226 689 363,251. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(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 instr). Complete Part II of Sch L 6 4ssets 7 Notes and loans receivable, net Inventories for sale or use 8 605,830. 428,350. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 4,584,859 10a basis. Complete Part VI of Schedule D 4,190,435, 536,114, 394,424. b Less, accumulated depreciation 10b 10c 4.365.777. 4,504,603. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 646 703. 584 224. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 21,003, 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 8,198,532, 7,414,200. 16 16 482,743 552,707, 17 17 Accounts payable and accrued expenses 18 Grants payable 18 4,509,041, 3,969,340. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 169,681. 178,157. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 498,099 Schedule D 25 5,659,564. 4,700,204. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \(\times \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,538,968 2,713,996. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,538,968, 2,713,996. 33 33 Total net assets or fund balances 7,414,200. 8,198,532. 34 Total liabilities and net assets/fund balances

Form	Form 990 (2017) The Financial Planning Association				ge 12		
	rt XI Reconciliation of Net Assets	•					
	Check if Schedule O contains a response or note to any line in this Part XI						
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,634	,598.		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments	5		80	,043.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	2	,713	,996.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
				Yes	No		
1	Accounting method used to prepare the Form 990. L. Cash X Accrual L. Other				4		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	9 O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	•	- :	• .		
	separate basis, consolidated basis, or both			,	"		
	Separate basis Consolidated basis Both consolidated and separate basis			"	لحنا		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	1,	•			
	consolidated basis, or both		`	116	1		
	Separate basis Consolidated basis Both consolidated and separate basis		* ' !	2.°	4		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,		<u> </u>			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		L		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			<u> </u>	7 .		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		المندا	لنــــــــــــــــــــــــــــــــــــ		
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit	1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h	l	l		

Form **990** (2017)

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.

lete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Begin to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," 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 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

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

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III.			
Nai	me of organization			Empl	oyer identification number
		ial Planning Association			84-1521488
P	art I-A Complete if the org	janization is exempt un	der section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organize Political campaign activity expendit Volunteer hours for political campaign	ures	ical campaign activities	s in Part IV ▶\$	
P	art I-B Complete if the org	janization is exempt un	der section 501(c)(3).	ц
	Enter the amount of any excise tax			▶\$	
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	▶ \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4	a Was a correction made?				└── Yes └── No
	b If "Yes," describe in Part IV		1 564/		-1/0
Ь	`	janization is exempt un			
	Enter the amount directly expended				
2	Enter the amount of the filing organ	ization's funds contributed to	other organizations for s	section 527	
_	exempt function activities			- \$	
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here	and on Form 1120-PO	L, ▶\$	
4	line 17b Did the filing organization file Form	1120-POL for this year?		D D	Yes No.
5	Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ o a separate political or	iization's funds Also enter th ganization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2017	The Financial P	lanning Association	on	84-152	1488 Page 2
Part II-A Complete if the org	ganization is ex	empt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	ection under
section 501(h)).					
A Check ▶ if the filing organiza	ation belongs to an a	ffiliated group (and list ii	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbyin	g expenditures).			
B Check ▶ if the filing organiza	ation checked box A	and "limited control" pro	ovisions apply		
	its on Lobbying Exp ditures" means am	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinior	n (grass roots lobbying)		-	
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add I	~	, (,,,,,,,,-			
d Other exempt purpose expenditur					
e Total exempt purpose expenditure		1d)			
f Lobbying nontaxable amount. Ent	•	•	th columns		
If the amount on line 1e, column (a)		bbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17	1	000 plus 5% of the exce		•	
Over \$17,000,000	\$1,00				
	<u> </u>				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a If zer	ro or less, enter -0-				
Subtract line 1f from line 1c If zero	o or less, enter -0-				
J If there is an amount other than ze	ero on either line 1h d	or line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section See the sepa	arate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		····
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	3			-	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		·			
(150% of line 2d, column (e))					
		1			
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description

۲

of the lobbying activity

(b)

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

		''	1,10		ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				1
	local legislation, including any attempt to influence public opinion on a legislative matter				-
	or referendum, through the use of.				1
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
a	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total Add lines 1c through 1:				
2 a					
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(on 501(c)	(5), or se	ction	<u></u>
	501(c)(6).		,,		
			*	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		x
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		x
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior vea	<u> </u>		x
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3. is
	answered "Yes."	•		•	
1	Dues, assessments and similar amounts from members		1	4	,069,028.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			·
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		56,000.
	Carryover from last year		2b		· · · · · · · · · · · · · · · · · · ·
c	Total		2c		56,000.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		357,370.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	229			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	JOII.1041	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		-301,370.
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group	heth Part I	LA lines 1 s	nd 2 (see	
	ictions), and Part II-B, line 1. Also, complete this part for any additional information.	nst, raiti	i /-, iii les i le	110 2 (366	
istr	ictions), and Fart 11-B, line 1. Also, complete this part to any additional information.				
					
				·-	
—					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	The Financial Planning Association		84-1521488
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	<u> </u>	•
	impermissible private benefit?	, , , , ,	Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	110001444017014001	mod Historio dil dotare
2	Complete lines 2a through 2d if the organization held a qualif	and consequences contribution in the form	of a consequence execution on the last
2		led conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year Total number of conservation easements		
a			2a
b	Total acreage restricted by conservation easements	rations in alread in (a)	2b
C	Number of conservation easements on a certified historic stru	, ,	2c
d	Number of conservation easements included in (c) acquired a	after //25/06, and not on a historic struct	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements it		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ition easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Da	conservation easements	Art Historical Transcures or C	thay Cimilay Assets
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic 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 trea	asures, or other similar assets for financia	Il gaın, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ·	> \$
_	Appete included in Form 000. Part V		

	t III Organizations Maintaining C	ollections of A			'ASSURAGE O	or Other	Simil	ar Acce	te/contin		age Z
<u> </u>		•									
3	Using the organization's acquisition, accessi	on, and other record	os, cnec	k any of the	tollowing tha	t are a sig	nificant	use of its	collection	n item	IS
	(check all that apply).		. $ egin{array}{c} $								
а	Public exhibition	C			hange progra	ams					
b	Scholarly research	€	• []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	ın how tl	ney further t	he organization	on's exem	pt purp	ose in Pai	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or othe	er sımılar a	assets		_		_
	to be sold to raise funds rather than to be m					· · ·			_ Yes		<u> No</u>
Pa	t IV. Escrow and Custodial Arran		ete if the	organizatio	on answered "	'Yes" on F	orm 990	D, Part IV,	lıne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not 11	ncluded		_		_
	on Form 990, Part X?							L_	Yes	Х	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabilit	y?	Х	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	provided on	Part XIII				Х]
Pai	t V Endowment Funds. Complete :	f the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10)				
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	2	<u> </u>		1				<u> </u>		
b	Contributions										
c	Net investment earnings, gains, and losses	* * **									
d	Grants or scholarships	**									
e	Other expenditures for facilities										—
•	'								Į.		
	and programs				+				 		
<u>'</u>	Administrative expenses				 				1		
g	End of year balance								l		
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	a)) nelo as.						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	red for the	e organiz	zation	_	1	
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3а(н)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a S	See Form 990	, Part X, lı	ne 10				
	Description of property	(a) Cost or o			or other		umulate		(d) Book	value	е
		basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings					-					
С	Leasehold improvements				47,323.		45,	317.		2,	006.
d	Equipment				719,504.		640,	340.		79,	164.
е	Other			3	,818,032.		3,504,	778.		313,	254.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)					394,	424.
								Schedule	D (Form	agni	2017

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line	e 12.
(a) Description of security or category (including name of security)	(b) Book value		ost 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. (Col. (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	e 13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1) Investment in Financial Services	584,224.	End-of-Year Market V	alue
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	584,224.	- ""	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d See Form 990, Part X, line	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)	 		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	•		X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	······································		•
Liability for uncertain tax positions. In Part XIII, provide		=	
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Check	here if the text of the footnote	has been provided in Part XIII 📖

	edule D (Form 990) 2017 The Financial Planning Association		84-1521488	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1		
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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	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.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	•	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
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.	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	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.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	 	5	
_	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		Part V, line 4, Part X, line 2, Par	t XI,
nes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	ditional information		
	t de la desta en en en en en en en en en en en en en			
	- War - 1.5 O.			
art	: IV, line 2b:			
	and the National Control of the Alexander			
ne	organization holds funds in agency for its chapters.			
				
	<u></u>		.	

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Schedule D (Form 990) 2017

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

The Financial Planning Association

Employer identification number 84-1521488

			Yes	No
4			res	No
la	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		_	
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		,	٠ - ا
	establish compensation of the CEO/Executive Director, but explain in Part III		•	
	Compensation committee			
	Independent compensation consultant X Compensation survey or study		است	
	Form 990 of other organizations X Approval by the board or compensation committee	1	٠ ;	
		,	٠,	'
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			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1
		•	•	1
	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			
а	The organization?	5a		
þ	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			Ì
6				i
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	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			
а		6a		
	contingent on the net earnings of	6a 6b		
	contingent on the net earnings of The organization?			
	contingent on the net earnings of The organization? Any related organization?			
b	contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
b	contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6b		
b 7	contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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	6b		
b 7	contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6b 7		

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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents
(1) Lauren Schadle	(i)	337,013.	25,675.	798.	9,988.	11,603
Executive Director / CEO	(ii)	0.	0.	0.	0,	0
(2) Craig Noll	(i)	128,569.	1,603.	155.	7,045.	12,978.
Director of Finance	(ii)	0.	0.	0.	0.	0 ,
(3) Ron Zwerin	(i)	178,731.	744.	354.	0.	591.
Director of Marketing	(ii)	0.	0.	0.	0.	0 .
	(i)					
	(ii)				, and the second	
	(i)					
	(ii) [
	(i)					
	(ii) [
	(i)					
	(ii) [
,	(i)					
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	(ii)					
	(i)					
	(ii)					
	(1)					
	(ii)					
	(1)	·				
	(i)					

Schedule J (Form 990) 2017	The Financial Planning Association
Part III Supplemental Information	1
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
-	
	

• **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

The Financial Planning Association

Employer identification number 84-1521488

Form 990, Part VI, Section A, line 1:
The Executive Committee is composed of the Chair, the President, the
President Elect, such other members as the Board may elect, and the CEO.
The Committee has the authority to act upon issues in between Board
meetings as well as issues specifically delegated to the Executive
Committee by the Board.
Form 990, Part VI, Section A, line 6:
The organization has two classes of members: individual members and
institutional members.
Individual Members: Any individual demonstrating a professional interest in
financial planning and willing to abide by the Bylaws is eligible for
membership in the Association. Members shall be entitled to special rights,
privileges and benefits as determined by the Board of Directors or its
designee.
Members of FPA include financial planning practitioners, students,
academicians, support staff, retired practitioners, and other allied
professionals who support the profession.
Institutional Members: Any institution with an interest in financial
planning and which is willing to abide by the Bylaws for membership in the
Association.

Form 990, Part VI, Section A, line 7b.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Financial Planning Association	Employer identification number 84-1521488
of the FPA Executive Committee and includes an annual performance review to	-
ensure key objectives, as outlined by the board, are being met. The	
approval process is documented in the Committee minutes.	
15b - The compensation for the Director of Finance is approved by the	,
Executive Director. Comparability data is used, and the process is	
documented in the HR file.	
	
Form 990, Part VI, Section C, Line 19:	
The governing documents, conflict of interest policy, and financial	
statements are all available upon request. The governing documents are	
also available on the organization's website.	
Form 990, Part IX, Line 11g, Other Fees:	
Contracted Labor 1,005,424.	
Total Other Fees on Form 990, Part IX, line 11g, Col A 1,005,424.	
	•
Form 990, Part XII, Line 2c - Explanation of Responsibility:	···
The organization has a committee that assumes responsiblity for	
oversight of the audit and selection of the independant accounting firm	
used. This process has not changed from the prior year.	- Mariana

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization The Financial Planning Association

(a)	(b)	(c)	(d)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-o
	_			
	-			
				i i
Identification of Related Tax-Exempt Organiz organizations during the tax year	ations. Complete if the organizat	ion answered "Yes" on Form 99	0, Part IV, line 34,	because it had
	ations. Complete if the organizat	ion answered "Yes" on Form 99	0, Part IV, line 34,	because it had
organizations during the tax year			,	·
organizations during the tax year (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public cha status (if sec
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public cha status (if sec
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)
(a) Name, address, and EIN of related organization ional Financial Planning Support Center - 2341001, 7535 E. Hampden Ave, Ste 600,	(b) Primary activity Coordinate pro bono	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3)

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

732161 09-11-17 LHA

Schedule R (Form 990) 2017 The Financial Planning Association

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, b organizations treated as a partnership during the tax year

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca Yes
	-						
	_	ĺ					
	-						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income
Financial Services Information Company -			The Financial		
58-1675458, 7535 E. Hampden Ave, Ste 600,			Planning		
Denver, CO 80231	Publication	GA	Association	C CORP	477,93
,	_				

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- J Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and tran
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method
(1) Financial Services Information Company	N	92,249.	Cash transferred
(2) Financial Services Information Company	0	205,216.	Cash transferred
(3) Financial Services Information Company	P	221,632.	Cash transferred
(4)			
(5)			
(6)			

732163 09-11-17

Schedule R (Form 990) 2017 The Financial Planning Association

Part VI. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (me that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	Are partne 501(org	e)	(f)	(g)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are	e all	Share of	Share of
of entity	,	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-yea
		country)	excluded from tax under	org	IS 7	income	assets
		Country	Sections 512-514)	Yes	No	income	233613
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