Short Form

2949219401308 9 **Return of Organization Exempt From Income Tax**

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

2018

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calend	ar year, or tax year beginning , 2018, and ending			, 20
В	Check if a	pplicable	C Name of organization 21	D Emp	loyer	dentification number .?:
	Address	change	Alabama Association of Insurance and Financial Advisors			630383099
	Name ch	ange	Number and street (or P O box, if mail is not delivered to street address) 21 Room/suite	E Tele	phone i	number
=	Initial retu		P O Box 43067		2	05-568-5610
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	E Gro		emption
=	Amended		Birmingham, AL 35243			≥ mption
		on pending				
		ting Method				if the organization is no
	Vebsite					tach Schedule B
				(Form 9	90, 99	90-EZ, or 990-PF)
		-	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
(Par	t II, col	umn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ		▶ (\$
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ınstru	ction	s for Part I) 🔀
			the organization used Schedule O to respond to any question in this Part I			
?1	1		ons, gifts, grants, and similar amounts received		1	62,516 6
21	2		ervice revenue including government fees and contra		2	02,510 0
21	3~	_				400 00
	7		ip dues and assessments :		3	
.?1	4		tincome		4	3,921 9
	5a		ount from sale of assets other than inventory	0 00	4	
	b		or other basis and sales expenses	0 00	<u> </u>	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-	5c	0.0
	6	_	d fundraising events.			
	a		ome from gaming (attach Schedule G if greater than			
e		\$15,000) .		0 00		
Revenue	Ь	Gross inco	me from fundraising events (not including \$ of contribution		1	
ē	-		aising events reported on line 1) (attach Schedule G if the	_		
ш	ł		th gross income and contributions exceeds \$15,000) 6b	0 00		
					4	,
			· · · · · · · · · · · · · · · · · · ·	0 00	1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract		
		line 6c)			<u>6d</u>	0.00
	7a		s of inventory, less returns and allowances	0 00		
	b	Less: cost	of goods sold	0 00		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.00
	8	Other rever	nue (describe in Schedule O)		8	15,421 2
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	82,259 8
	10	Grants and	similar amounts paid (list in Schedule O)		10	6000 00
	11	Benefits pa			11	0.00
w	12		ther compensation, and employee benefits 2		12	17,578 7
se		Profession	of food and other neuments to independent contractors	7,2		· · · · · · · · · · · · · · · · · · ·
Expenses	13	Profession	al fees and other payments to independent contractors	RS-OSC	13	0.0
хb	14	Occupancy	, rent, utilities, and maintenance	Ò	14	0.0
Ш	15		ublications, postage, and shipping]뜨	15	887 0
	16	Other expe	nses (describe in Schedule O) 🛂 OGDEN, UT		16	45,531 0
	17	Total expe	nses. Add lines 10 through 16		17	69,996 9
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,262 9
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
lse			r figure reported on prior year's return)		19	371,684,3
, t	20		ges in net assets or fund balances (explain in Schedule O)		20	10,889 06
ž						
لــــا	21		or fund balances at end of year. Combine lines 18 through 20		21	382,573 40
For	Paper	work Reducti	on Act Notice, see the separate instructions.	l		Form 990-EZ (2018
				$\neg \circ$		1411
			MAY 13 2019	RS-OSC		(2) ' '
			MAY /13 2019	19		19
				SS		V
			OGDEN, UT	_=		
			L OGDEN, UI	- 1		

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Page 2

Pạr	rt II 、Balance Sheets (see the instruction	,				
	Check if the organization used Sched	ule O to respond to a	any question in this	<u> Part II...-</u>		<u> </u>
•			<u></u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[371,684 34	22	382,573.40
23	Land and buildings			0 00	23	0 00
24	Other assets (describe in Schedule O)			0 00	24	0 00
25	Total assets		[371,684 34	25	382,573 40
26	Total liabilities (describe in Schedule O) .		[390 74	26	390 74
27	Net assets or fund balances (line 27 of colu			371,293 60	27	382,182 66
Part	Statement of Program Service According Check if the organization used Schedi					Expenses
Vhat	is the organization's primary exempt purpose?			_	,	uired for section c)(3) and 501(c)(4)
s m	ribe the organization's program service accoming iteasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th				inizations, optional for
28	To provide opportunities for education programs	·····				
?1	(Grants \$) If this amou				28a	
29						
	(Grants \$) If this amou				20-	
30 `	(Grants \$) If this amou				29a	
				•••		
		int includes foreign gr			30a	
	OAL /- O.	^ 1				
	Other program services (describe in Schedule (
	(Grants \$) If this amount Total program service expenses (add lines 28 IV List of Officers, Directors, Trustees, and I	int-includes foreign gr Ba through 31a) Key Employees (list eac	rants, check here ch one even if not comp	▶ □ ▶ Densated—see the in		ctions for Part IV)
32	(Grants \$) If this amount Total program service expenses (add lines 28	int-includes foreign gr Ba through 31a) Key Employees (list eac	ch one even if not company question in this forms W-2/1099-MISC)	Densated—see the in Part IV. (d) Health benefits, contributions to employ benefit plans, and	32 nstruc 	ctions for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28 LIV List of Officers, Directors, Trustees, and Michael Check if the organization used Schedules (a) Name and title	int-includes foreign gr Ba through 31a) Key Employees (list eacule O to respond to a (b) Average hours per week	ch one even if not company question in this forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	Estimated amount of their compensation
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28 LIV List of Officers, Directors, Trustees, and Michael Check if the organization used Schedules (a) Name and title	int-includes foreign grad through 31a) (ey Employees (list eacule O to respond to a light of the control	ch one even if not company question in this forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	Estimated amount of their compensation
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32 Part latth Pres lavid	(Grants \$) If this amount Total program service expenses (add lines 28 LIV List of Officers, Directors, Trustees, and Microscopic Check if the organization used Schedules (a) Name and title new Wilson Sident (a) Cranfield (b) Cranfield (c)	int-includes foreign graathrough 31a) (ey Employees (list eacule O to respond to a lib) Average hours per week devoted to position 2	ch one even if not company question in this forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incensated (a) Health benefits, contributions to employ benefit plans, and deferred compensation (b)	32 nstruc 	Estimated amount of their compensation
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th s Part	ie V		
		insignation to the state of the	<u> </u>	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	_
7	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	24			7
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34			u
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	35a 35b			
	36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			
		during the year? If "Yes," complete applicable parts of Schedule N	36	******************************	V WASSING I	?
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] 8,750 00 Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a			?
	39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved	7. 1			``
	ь 40а	Gross receipts, included on line 9, for public use of club facilities				49.
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			, 2
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	u.			
r	,	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	200	~	-
	41	List the states with which a copy of this return is filed ▶				
	42a		205-56	8-5610)	
		Located at ► 4008 Acton Circle, Birmingham, 'AL ZIP + 4 ► 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)?	35243 42b	-4202 Yes	No	
		If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	420			
	С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>	
	43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	▶ □	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
-	d	Did the organization receive any payments for indoor tanning services during the year?	44c 223 44d		\(\frac{1}{2} \)	
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓	

•							
Form 9	90-EŽ (2018)					P	Page 4
46	Did the organization engage, directly or ii	ndirectly, in political c	campaign activities on	behalf of or in oppos	ition	Yes	No
	to candidates for public office? If "Yes," of		, Part I	<u> </u>	. 46	V	
Part	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que		·	ne tables i	for line	es
	Chock in the organization about to	Tiodalo o to respond	to any quodion in a			Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	_	e tax . 47		
48	Is the organization a school as described in		•		. 48		
49a	Did the organization make any transfers t					+	ļ
50	If "Yes," was the related organization a se Complete this table for the organization's				. 49b		ط اده،
30	employees) who each received more than						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	ed amou	unt of
None							
f	Total number of other employees paid ov	er \$100,000	. ▶				
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anızation. If there is no	ensated independent one, enter "None."	contractors who eac	h received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice (d	c) Compensat	ion	
None							
			_				
d	Total number of other independent contra	actors each receiving	over \$100,000				
52	Did the organization complete Schedu completed Schedule A	ule A? Note: All se			ha .▶ <mark>□ Ye</mark> s	; 🗹 N	Vo
	penalties of perjury, I declare that I have examined this intect, and complete Declaration of preparer (other than				nowledge and	d belief,	ıt ıs
	Salla Bryant			May Os.	2019		

Sign Signature of officer Date Executive Director Here Sallie Bryant ?1 Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name **Paid** Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

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

• S	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501	I(h)) Complet	e Part II-B. Do i	not complete f	Part II-A
	organization answered "Ye see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox	(y Tax) (see separat	e instruction	s) or Form 990)-EZ, Part V, I	ne 35c (Proxy
	•	anizations Complete Part III					
	of organization			-	Employer idea	ntification nui	mber
Alabai	ma Association of Insuranc	e and Financial Advisors				63-0383099	
Part		e organization is exempt und	der section 501(c) or is a s	ection 527		n.
1		of the organization's direct and in	ndirect political ca	mpaign act	ivities in Parl	t IV. (see ins	structions for
2	definition of "political ca	, •			~ •	•	0.750.00
2 3		ty expenditures (see instructions) ical campaign activities (see instru			🖊 🔻	P	8,750.00 0
Part		e organization is exempt und			• • • •		U
1		excise tax incurred by the organization	-		. ▶ \$	<u>-</u>	
2	-	excise tax incurred by the organization				***************************************	
3	•	ed a section 4955 tax, did it file Fo	_			·	es No
4a	Was a correction made?						es No
b	If "Yes," describe in Part						
Part	I-C Complete if th	e organization is exempt und	der section 501(c), except	section 501	(c)(3).	
1		tly expended by the filing organi	-	•			
	activities				▶ \$	i	0.00
2	Enter the amount of the	filing organization's funds contri	buted to other org	janizations f	or section		
	527 exempt function act	ıvıtıes			▶ \$		0.00
3	Total exempt function	expenditures. Add lines 1 and 2	2. Enter here and	on Form 1	120-POL,		
	line 17b				▶ \$		0.00
4		n file Form 1120-POL for this yea					es ☑ No
5		ses and employer identification nu	· · ·	-	_		_
		ents For each organization listed,					
		ontributions received that were pro				_	
		fund or a political action committe	T addition	T	provi	T	minrantiv.
	(a) Name	(b) Address	(c) EIN		nt paid from · ganization's		t of political received and
					one, enter -0-	promptly a	and directly
							a separate ganization
						If none,	
							-
(1)							
/O)					-		
(2)		<u> </u>	1				
(3)							
(3)			1				
(4)					-	1	
` '/							
(5)			1				
·- <i>,</i>							
(6)		ļ					
		1	1	1		1	

Schedule	C (Form	990 or	990-EZ)	2018

Part II-A		Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶			iliated group memb	er's name,		
		address, EIN, expenses, and			•		
В	Check ►	If the filing organization chec			rovisions apply.		
		Limits on Lob				(a) Filing	(b) Affiliated
		(The term "expenditures" m			<u> </u>	organization's totals	group totals
		obbying expenditures to influence			•		
		obbying expenditures to influence	•	ody (direct lobbyin	g)		
	c Total lo	obbying expenditures (add lines 1	a and 1b)				
		exempt purpose expenditures .					
		exempt purpose expenditures (ad		•			
	f Lobby	ing nontaxable amount. Enter	the amount i	from the following	g table in both		
	colum	<u>ns.</u>					. <u> </u>
	If the ar	mount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the a	mount on line 1e			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
	g Grassr	oots nontaxable amount (enter 25	5% of line 1f)				
	h Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-				
		ct line 1f from line 1c. If zero or le	•				
	j If there	e is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reportii	ng section 4911 tax for this year	?		<u> </u>	<u> L</u>	∐Yes ∐ No
	(Som	e organizations that made a se See the	ction 501(h) el separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	During 4-Year A	veraging Period	1 1	
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	2a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassro	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	iled l	Form	5768		. ugo u
For`	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
þ	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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	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?					
J	Total. Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d Dart	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	/E\ -		***		
rait	501(c)(6).	(3), 0	r se	Suon		
	•				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		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 activity expenditures from the			3		/
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."	(5), o 7 (b)	r sed Part	ction III-A,	line (3, is
1	Dues, assessments and similar amounts from members	. [_1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	. [2a			
b	Carryover from last year	. [2b			
С	Total	. [2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyte.	ing				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
4	······································				•	
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	l					 -

	m 990 or 990-EZ) 2018	Page 4
Pa̯rt IV و	Supplemental Information (continued)	
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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.

2018

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

	WW.ma.gov// O/moso for the latest infor	wie poortieri
Name of the organization Alabama Association of Insurance and Financial Advis	sors	Employer identification number 63-0383099
Part I- Revenue #8 Other Revenue		
Dissolved local affililate deposits Coffee County/Ce	neva \$1,153 16	
Dissolved local affiliate deposits- Tuscaloosa	\$14,268 07	
Total	\$15,421 23	
Part I Expenses #16 Other Expenses		•••••
Awards for members	\$1,275 82	
Casualty/liability Insurance	1,788 00	
Miscellaneous	917 41	
Office Supplies	905 19	
Annual Conference Expenses-		
Speakers	3,178 18	
Meeting space and meals	13,676 90	
Other	979 67	
National Conference Expenses-		•••••••••••••••••••••••••••••••••••••••
Registration fee	. 150 00	
Member Travel	3,669 62	***************************************
Staff Travel	1,844 54	
Board Meeting expense	234 24	•
Continuing Education fees	881 10	·
Storage Rental	665 00	
District Meeting expenses -		
Speakers	5,577 34	
Meeting Rooms/meals	1,338 90	·····
Website	3,795 65	
Member Travel- National Congressional Conference	3,307 52	
Young Advisor meetings	. 250 00	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Page
Alabama Association of Insurance and Fin	ancial Advisors	Employer identification number 63-0383099
Nabalila Association of insurance and Fin	alicial Advisors	63-0363077
Part I - Expenses - #16 Other Expenses (co	ontinued)	
		
Charitable Donation	75 00	
Bank fees	16.57	
Lobbyst registration fee	104 00	
Lobbyst registration rec	104 00	
Telephone	900 44	
		,
Total Other Expenses	\$45,531 09	·
Part III - The organization's primary exemn	ot purpose is to conduct educational seminars a	and classes for members
, , , , , , , , , , , , , , , , , , , ,	The Arrest of the Control of the Con	
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