COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

<u>Website alternative</u>: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

<u>Penalties</u>: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- *Exemption Application \$20 per day with no maximum.*
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

<u>Private foundation exempt</u>: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



A	For th	e 2020 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identif	ication number
	Addre	^{ss} The Financial Planning Association			
	Name	e Doing business as		84-1521488	
	nitial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final	/ 1290 Broadway	1625	303-759-4900)
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,656,764.
Ļ	Amer	Denver, CO 80203		H(a) Is this a group r	eturn
	Appli tion pendi			for subordinate	
		same as C above		H(b) Are all subordinates	
_		empt status: 501(c)(3)	or 527		a list. See instructions
_		te: www.financialplanningassociation.org		H(c) Group exemption	, , , , , , , , , , , , , , , , , , ,
		forganization: X Corporation Trust Association Other	L Year	of formation: 1999	V State of legal domicile: DC
Pa		Summary	atowa the	malue of	
ce	1	Briefly describe the organization's mission or most significant activities: FPA fo financial planning and advances the financial planning profe		e value ol	
Activities & Governance		Check this box \blacktriangleright if the organization discontinued its operations or dispo		than 0.5% of its not a	
ver	2				13
ŝ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			13
ళ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			51
itie		Total number of individuals employed in calendar year 2020 (Part V, inte 2a)			1033
ctiv	72	Total unrelated business revenue from Part VIII, column (C), line 12			33,408.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		139,534.	85,000.
ň	9	Program service revenue (Part VIII, line 2g)		9,862,575.	7,126,786.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		229,809.	-258,773.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		121,607.	461,346.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,353,525.	7,414,359.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,222,009.	3,827,277.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 🛛 🕨	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,999,338.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,221,347.	
_ 0		Revenue less expenses. Subtract line 18 from line 12		-867,822.	· · · · ·
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sse Bala	20	Total assets (Part X, line 16)		5,941,900.	
let A	21	Total liabilities (Part X, line 26)		3,920,175.	
		Net assets or fund balances. Subtract line 21 from line 20		2,021,725.	1,499,130.

Part II Signature Block

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

Sign Here	Signature of officer Patrick Mahoney, CEO Type or print name and title		Date	
Paid	Print/Type preparer's name Ashley Peabody	Preparer's signature	11/15/2021 if	lf-employed P01385870
Preparer	Firm's name 🍃 Capin Crouse LLP		Firm's El	IN ▶ 36-3990892
Use Only	Firm's address 🔊 2435 Research Parkway, S	STE 200 U U		
	Colorado Springs, CO 809	20	Phone n	0.505-502-2746
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
				= 000 ()

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2020) The Financial Planning Association	84-1521488 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: To elevate the profession that transforms lives through the power of	
	financial planning.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es?Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services,	, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	
40	revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$including grants of \$) (Re FPA Annual Conference is the largest gathering of CFP professionals.	venue \$)
	The event spotlights FPA's core competencies: Knowledge, Community,	
	Advocacy, and Leadership. The program offers many educational tracks,	
	an exhibit hall, roundtable discussions, and various pre-conferences	
	conducted by partners of FPA. Various FPA member communities gather to	
	network, share best practices, and connect with like-minded members.	
	The conference is built around sharing practical knowledge and	
	strategies for attendees to take back to their practice for immediate	
	implementation.	
	Member Relations: FPA Membership staff assist FPA members in joining and renewing as FPA members as well as navigating their FPA member benefits to ensure they take full advantage of their membership. As a professional membership association, benefits are focused on supporting members in elevating their knowledge through professional development, expanding their connections through community, growing their businesses through tools and resources for business success, and protecting their profession through advocacy.	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$
	FPA Retreat is a long-standing, non-traditional gathering of the FPA	,
	community. It is an event that attracts the "best and brightest" of the	
	profession due to its level of intimacy, community learning, and	
	advanced, cutting edge content. The conference provides opportunities	
	for networking, advanced education, and exposure to new theories and	
	best practices.	
4d	Other program services (Describe on Schedule O.)	,
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	

Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes Xes 2 Is the organization required to complete Schedule B, Schedule of Contributors? Xes Xes 3 Did the organization required to complete Schedule C, Part II Xes Xes Xes 4 Section 801(c)(3) organizations. Did the organization required to complete Schedule C, Part II Xes Xes Xes 5 Is the organization action of weatern of anomatin a such India or advised thads or any similar amounts a definion In Perivene Procedure 91111111 Xes Xes 6 It the organization matriatin any done advised thads or any similar funds or accounts for which donors have the right to provide advice on the distitution or investmere to anomatin a such India or anomatin such India or anomatin a such India or anomatin and India or anomatin a such India or anomatin India or India organization asciest? Yes		990 (2020) The Financial Planning Association 84-1521488		P	age 3
1 Is the organization described in section 501(c)(8) or 4947(a)(1) (other than a private foundation)? I I I	Pa	rt IV Checklist of Required Schedules			
If "Yes," complete Schedule A. 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors 3 X 3 Did the organization required to complete Schedule C, Part II 3 X 4 Section SOI(c)(8) organization. D the organization engage in lobbying activities on behalf of or in opposition to candidates for public office II "res," complete Schedule C, Part II 3 X 5 Section SOI(c)(8) organization activity (5, roSOI(c)(8) organization intart receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96:191 If "Yes," complete Schedule C, Part II 5 X 7 Did the organization needine of hold a conservation acasement, Including easements for spraseric open space, it environment, historic land areas, or historic attructures II "Yes," complete Schedule D, Part II 6 X 8 Did the organization revelue of hold a conservation cusaling, dott management, redit regain, or dott mogot antibility, Serve as a custodian for amounts no listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cardit consensing, dott measures, or hore similar assets? II "Yes," complete Schedule D, Part II 10 X 10 Did the organization reverts or any ot the following questions is "Yes," then complete Schedule D, Part X, inc 23, IT "Yes," complete Schedule D, Part X 10 X 11 If the organizatio		a, b = currentian dependence in equation (0.1/2) = 40.47(-)(1) (at both them equation to four detion)		Yes	No
2 Is the organization equive to complete Schedule 0, Schedule 0 Contributors? 2 X 3 Did the organization equipe in direct or inities complete Schedule 0, Part 1 3 X 4 Section 501(h) election in effect 4 4 4 5 Section 501(c)(3) organization engage in lobbying activities, or have a section 501(h) election in effect 4 4 6 Ib 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 Reveue Proceedure 96-197 H 'Yes,' complete Schedule 0, Part II 6 X 7 Ib the organization relevie or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other aimilar assets? H 'Yes, 'complete Schedule 0, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secrov or custodial account liability, serve as a custodian for amounts no listel in Part X, erg, 'complete Schedule 0, Part IV 6 X 10 Did the organization report an amount in Part X, line 21, fuel to Part, 'line 3, with a spicioal is 'Yes,' then complete Schedule 0, Part IV 10 X 11 If the organization report an amount for investments - program related in Part X, line 10, H'Yes,' complete Schedule 0, Part IV 11 X </th <th></th> <th></th> <th>1</th> <th></th> <th>x</th>			1		x
9 Del the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cardidates for public officer <i>IV</i> *ss, "complete Schedule <i>C</i> , Part <i>II</i> X 4 Section 501(c)(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(b) election in offect during the tax year? <i>IV</i> *ss," <i>complete Schedule C</i> , Part <i>II</i> X 5 Is the organization a section solution any donor advised truds 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? <i>IV</i> *se," <i>complete Schedule D</i> , Part <i>II</i> 6 X 7 Del the organization matient collections of works of art, historical treasures, or other similar assats? <i>II</i> *se," <i>complete Schedule D</i> , Part <i>II</i> 7 X 8 Del the organization report an amount in Part X, line 21, for sacrow or custodial account liability, sarve as a custodial for amounts on thold a conservation comelend, edbt management, credit repair, or debt repair collation services? 7 X 9 Did the organization report an amount in Part X, line 21, for sacrow or custodial account liability, sarve as a custodial for amounts on throle conservation and amount for land, buildings, and equipment in Part X, line 107 <i>H</i> *s," <i>complete Schedule D</i> , Part <i>V</i> 8 X 10 Did the organization report an amount for line stice in Part X, line 12, this 15% or more of ths total assets reported in Part X, line 17/ <i>H</i> *s," <i>complete Schedule D</i> , Part <i>V</i>	2	Is the organization required to complete Schedule B. Schedule of Contributors?		x	
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(K)3() egnications. Ddt the organization engage in lobbying activities, or have a section 501(n) election in effect 4 4 5 Is the organization a section 501(n)(4), 501(n)(5), or 501(n)(6) organization that receives membership dues, assessments, or ismilar munuts as defined in Revenue Proceedure 98-197 If 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization maintain any doorn advised funds or any similar funds or accounts If Wes,' complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed D. Part II 8 X 10 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on tires, 'complete Schedule D, Part V 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if 'Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - organ metisted in Part X, line 12, that is 5% or more of its total assets reported in Part					
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 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>			14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 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 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	a				
 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 			14h		x
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 X 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 X 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	15				
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>			15		x
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 X 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	16				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X			16		х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	17				
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," I			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18				
			18	 	X
complete Schedule (7 Part III 19 X	19				
		complete Schedule G, Part III	19		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes," to implete Schedule H 20a X					X
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 0			200		
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 X	21		21		x

Form	990	(2020)	
	330	(2020)	

1 01				
22	Did the examination report more than 0 5.000 of grants or other assistance to or far demostic individuals on		Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			- 11
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	05-		
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?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	
25.2		34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
D.	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 0	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 21			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

Page 4

84-1521488

Form	990 (2020) The Financial Planning Association 84-1521488		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ISa		
h				
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~				
		14a		x
14a		14a 14b		
ь 15	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	U+1		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		

Form **990** (2020)

Form	990 (2020) The Financial Planning Association		84-1521488		Р	age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (D. See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
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	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		anv other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
•	of officers, directors, 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 9			4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		x
6	Did the organization become aware during the year of a significant diversion of the organization s as			6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or a			-		
7 d				70		x
b	more members of the governing body?			7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			71.	v	
-	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?			8a	X	
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 rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \hdots			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe			
	in 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	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	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 arranger	nent v	vith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			10.0		
17	List the states with which a copy of this Form 990 is required to be filed F GA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99()-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			,0 0my	, avan	2010
	Own website Another's website X Upon request Other (explain	on Sc	hedule ())			
10				dfine		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	JIIIICť	or interest policy, ar	u inal	icial	
00	statements available to the public during the tax year.	oka -				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	ia recoras 🕨			
	Sandra Garcia - 303-759-4900					
	1290 Broadway, No. 1625, Denver, CO 80203					

Form 990 (2	2020) The Financial Planning Association	84-1521488	Page 7
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		
	te this table for all persons required to be listed. Report compensation for the calendar year end	ing with or within the organization's	tax vear

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	T T		((C)	<u> </u>		(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar		lirecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	trustee			Highest compensated employee		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper		()		and related
	below	vidual	Institutional t	er	Key employee	est cc loyee	her			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) Lauren Schadle	40.00									
Executive Director / CEO (Part Year)				х				370,528.	0.	21,711.
(2) Patrick Mahoney	40.00									
Interim CEO				х				210,000.	0.	٥.
(3) Julie Butcher	40.00									
Director of IT						Х		133,888.	0.	12,584.
(4) Kyle Jordan	40.00									
Director of Meetings and Learning						Х		121,202.	0.	8,327.
(5) Heather Caldwell	40.00									
Director of Staff Relations						Х		110,191.	0.	13,317.
(6) Craig Noll	40.00									
Director of Finance (Part Year)				х				85,130.	0.	4,905.
(7) Sandra Garcia	40.00									
CFO				х				28,309.	0.	1,353.
(8) Evelyn Zohlen	5.00									
Chair		Х		х				0.	0.	0.
(9) Martin Seay	5.00									
President		Х		х				0.	0.	0.
(10) Skip Schweiss	5.00									
President Elect		Х		х				0.	0.	0.
(11) Chris Draughon	5.00									
Treasurer		Х		х				0.	0.	0.
(12) Kimberly Bridges	5.00									
Board Member		Х						0.	0.	0.
(13) Claudia Cypher Kane	5.00									
Board Member		Х						0.	0.	0.
(14) Susan Danzig	5.00									
Board Member		Х						0.	0.	0.
(15) James Lee	5.00									
Board Member		х						0.	0.	0.
(16) Karen McDade	5.00	1								
Board Member		Х						0.	0.	0.
(17) Dennis Moore	5.00	1								
Board Member		Х						0.	0.	0.

Form 990 (2020) The Financial	Planning	Ass	oci	ati	on				84-1521	488		F	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than	one	Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ess pe	erson	is bot	h an		compensatio		ar	nount	of
	week	<u> </u>	cer ar	10 a 0	Irecto	or/trus	tee)	from	from related			other	
	(list any	rector						the	organizations			pens	
	hours for related	or di	e			ated		organization	(W-2/1099-MIS	C)		rom th	
	organizations	ustee	truste		e	pens		(W-2/1099-MISC)				aniza	
	below	ual tr	ional		ploye	t com						d rela anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anzai	10113
(18) Jason Plank	5.00	-		0	\leq	노 @	ш.						
Board Member		x						0.		٥.			٥.
(19) Robert van Beek	5.00												
Board Member		х						0.		٥.			0.
(20) Carl Wayne	5.00												
Board Member		X						0.		0.			٥.
		-											
		1											
		-											
		1											
1b Subtotal								1,059,248.		0.		62	,197.
c Total from continuation sheets to Part VI								0.		٥.			0.
d Total (add lines 1b and 1c)								1,059,248.		٥.		62	,197.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wł	no r	received more than \$100	,000 of reportable	е			
compensation from the organization													5
										1		Yes	No
3 Did the organization list any former officer,											0		v
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	ucn individual						 	ther componentian from	the examination		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com	-				-						5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	the calendar y	rear	endi	ing v	vith	or w	ithi		year.				
(A) Name and business	address							(B) Description of s	envices	C)) ompe		n
Patrick Mahoney	audie33						_	Description of s			ompe	iisaiic	
10 Ridge Road, Groton Long Point, CT	06340							Interim CEO				210	,000.
Moore Media Consulting, 14241 Dallas													,
Parkway, Ste. 650, Dallas, TX 75254								Marketing Consulta	nt			180	,000.
David Brand													
3945 Promontory Court, Boulder, CO 80	304							Strategic Developm	ent			127	,436.
Colacci Consulting													
PO Box 18744, Golden, CO 80402								Public Policy Coun	sel			107	,103.
2 Total number of independent contractors (i	ncluding but n	not li	mite	d to	tho	م ان		l d above) who received m	ore than				
\$100.000 of compensation from the organi	•			2.0		4		,					

					ing Associati	on		84-1521488	Page
'ar	t VII								Г.
		Check if Schedule O	conta	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	<u>2</u> (D)
						Total revenue	Related or exempt	Unrelated	Revenue exclud
						Total Totolido	function revenue	business revenue	from tax unde
									sections 512 - 8
and Other Similar Amounts		Federated campaigns							
2	b	Membership dues		1b					
A	С	Fundraising events		1c					
ar	d	Related organizations		1d					
Ē	е	Government grants (cont	ributi	ions) 1e	10,000.				
້	f	All other contributions, gifts,	, grant	ts, and					
Ę		similar amounts not include	d abov	/e 1f	75,000.				
2	q	Noncash contributions included in							
aŭ		Total. Add lines 1a-1f				85,000.			
-					Business Code	, -			
	2 a	Membership Dues			900099	5,895,202.	5,895,202.		
		Sponsorship		<u> </u>	900009	1,128,996.	1,128,996.		
ne		Registration			900099	, ,	, ,		
Ver					900099	225,264.	225,264.		
Ř	d		Bat	<u> </u>		73,500.	73,500.		
Kevenue	е	Change in value of			900099	-197,791.	-197,791.		
		All other program service				1,615.	1,615.		
	g	Total. Add lines 2a-2f			🕨	7,126,786.			
	3	Investment income (inclu	-						
		other similar amounts)			🕨 📘	83,632.			83,6
	4	Income from investment	of ta>	k-exempt bond p	oroceeds 🕨				
	5	Royalties			►	45,601.			45,6
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses							
		Rental income or (loss)	6c						
		Net rental income or (loss							
		Gross amount from sales of		(i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory	7a	900,000.	(,				
	L	•	10	500,000.					
	D	Less: cost or other basis		0.05 2.95	227 120				
		and sales expenses		905,285.	337,120.				
		Gain or (loss)	7c	,	· · · ·				
		Net gain or (loss)			▶	-342,405.			-342,4
	8 a	Gross income from fundrais	ing ev	ents (not					
		including \$		of					
		contributions reported or	n line	1c). See					
		Part IV, line 18		8a					
	b	Less: direct expenses							
	с	Net income or (loss) from	ı fund	Iraising events	►				
		Gross income from gamin		-					
		Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from			►				
		Gross sales of inventory,		-					
	10 a				40,961.				
	L.	and allowances							
		Less: cost of goods sold				10 051	40,961.		
+	С	Net income or (loss) from	sale	s of inventory		40,961.	40,901.		
	• •		~		Business Code				
a		Employee Retention	cre		900099	222,343.			222,3
len	b	Advertising			541800	19,600.		19,600.	
e l	С	Job Board Posting			519130	13,808.		13,808.	
Hevenue		All other revenue			900099	119,033.	91,320.		27,7
	е	Total. Add lines 11a-11d		<u></u>	🕨	374,784.			
_									

84-1521488

	Check if Schedule O contains a response		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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,				
	trustees, and key employees	721,936.			
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,436,659.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	104,140.			
9	Other employee benefits	299,744.			
0	Payroll taxes	264,798.			
1	Fees for services (nonemployees):				
а	Management				
b	Legal	99,621.			
С	Accounting	31,415.			
d	Lobbying	43,670.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,678,493.			
12	Advertising and promotion	183,031.			
13	Office expenses	412,905.			
14	Information technology	744,609.			
15	Royalties				
16	Occupancy	381,042.			
17	Travel	71,107.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,800.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	331,663.			
23	Insurance	62,583.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Dues & Subscriptions	58,724.			
b					
с					
d					
е	All other expenses	134,527.			
25	Total functional expenses. Add lines 1 through 24e	8,149,467.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
				1	

Check here

_____ if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X	Balance Sheet

Page **11**

		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
		· · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			104,887.	1	802,241.
	2	Savings and temporary cash investments			28,875.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			356,834.	4	232,443.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			474,907.	9	272,924.
		Land, buildings, and equipment: cost or other	I I		,	-	,
		basis. Complete Part VI of Schedule D	10a	3,954,721.			
	Ь	Less: accumulated depreciation		2,903,389.	1,219,011.	10c	1,051,332.
	11	Investments - publicly traded securities			3,562,523.	11	3,053,377.
	12	Investments - other securities. See Part IV, line			, , , , , , , , , , , , , , , , , , , ,	12	
	13	Investments - program-related. See Part IV, line			-64,950.	13	-262,741.
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11	·····	259,813.	15	283,823.	
	16	Total assets. Add lines 1 through 15 (must equ			5,941,900.	16	5,433,399.
	17	Accounts payable and accrued expenses			657,751.	17	740,573.
	18	Grants payable				18	, 10, 0, 0,
	19				3,115,570.	19	3,065,095.
	20	Deferred revenue			•,110,070	20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete			146,854.	20	128,601.
	22				110,001.	21	110,001.
Liabilities	22	Loans and other payables to any current or for					
ilid		trustee, key employee, creator or founder, sub-				00	
Lia		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				05	
		of Schedule D			2 0 2 0 1 7 5	25	2 024 260
	26	Total liabilities. Add lines 17 through 25			3,920,175.	26	3,934,269.
es		Organizations that follow FASB ASC 958, ch	eck nere				
цč	07	and complete lines 27, 28, 32, and 33.			2 021 725	07	1 400 120
ala	27	Net assets without donor restrictions			2,021,725.	27	1,499,130.
ЧB	28	Net assets with donor restrictions				28	
'n		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🛄			
۲.		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i				31	
ž	32	Total net assets or fund balances			2,021,725.	32	1,499,130.
	33	Total liabilities and net assets/fund balances			5,941,900.	33	5,433,399.

Form **990** (2020)

Form	990 (2020) The Financial Planning Association	84-1521488		Pa	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	7	,414	,359.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,149	,467.
3	Revenue less expenses. Subtract line 2 from line 1	3		-735	,108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,021	,725.
5	Net unrealized gains (losses) on investments	5		212	,513.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,499	,130.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	r	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

01 990-FF)	
Department of the Treasury Internal Revenue Service	
Name of the organization	

Schedule B

(Form 990, 990-EZ,

The	Financial Planning Association	84-1521488
Organization type (check o	ne):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)(⁶) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organization

Employer identification number

The Financial Planning Association

. .

84-1521488

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- _ \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

84-1521488

The Financial Planning Association

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 4

rganization		E	Employer identification number
ncial Planning Association			84-1521488
from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ch	through (e) and the following line en naritable, etc., contributions of \$1,000 o	ntry For organizations	
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
I	(e) Transfer of gi	ft	
Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	(e) Transfer of oi		
Transferee's name, address, an			sferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	(e) Transfer of gi	ft	
Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	(e) Transfer of oi		
Transferee's name, address, an			sferor to transferee
	Incial Planning Association Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, entor the total of exclusively religious, of Use duplicate copies of Part III if additional s (b) Purpose of gift	ncial Planning Association Exclusively religious, charitable, etc., contributions to organizations described in from any one contributor. Complete columns (a) through (e) and the following line er completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Transferee's name, address, and ZIP + 4	ncial Planning Association Exclusively religious, chartable, etc., contributions to organizations described in section 501(c)(7), (B), or (10) th from any one contributor. Complete columns (a) through (a) and the following line entry. For organizations completing Aritic the two and achiever religious, achiever disease that and and a completing Aritic the two and achiever religious, achiever disease that and a completing Aritic technic technical etc., ontertained, etc., ontertained or \$1,000 or less for the vere distributions in any use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (c) Use of gift (d) Description (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description (c) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d

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 IA and B. Do not complete Part IC. Section 501(c) (other than section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Section 501(c)(3), or (6) organizations: Complete Part IB. Neme of organization The Financial Planning Aasociation The Financial Complete Part IB. Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization. The Financial campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). There the amount of any excise tax incurred by organization managers under section 4955 S There the amount of any excise tax incurred by organization managers under section 501(c)(3). There the amount of the filing organization is exempt under section 501(c)(a). Section 501(c)(3). There the amount of the filing organization is exempt under section 501(c)(3). There the amount of the filing organization is exempt	(Form 990 or 990-EZ)	For Org	anizations Exempt From Incon	ne Tax Under sectior	n 501(c) and section {	527	ZU 2	′ U	
Image: Section 2 Image: Converting Section 2 <th converting="" sect<="" td=""><td></td><td>► Complete</td><td>if the organization is describe</td><td>d below. 🕨 Attach t</td><td>to Form 990 or Form</td><td>990-EZ.</td><td>Open to F</td><td>Public</td></th>	<td></td> <td>► Complete</td> <td>if the organization is describe</td> <td>d below. 🕨 Attach t</td> <td>to Form 990 or Form</td> <td>990-EZ.</td> <td>Open to F</td> <td>Public</td>		► Complete	if the organization is describe	d below. 🕨 Attach t	to Form 990 or Form	990-EZ.	Open to F	Public
 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (ofter than section 501(c)(3) organizations: Complete Part I-A and C below. Do not complete Part I-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization under section 4955 \$ Simplete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 501(c). Part I-B Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization for section 527 exempt function activities Yes No a Was a correction made? b I''yes, 'describe in Part IV. Part I-C Complete if the organization is under contin 527 exempt function activities \$ 2 Enter the amount of the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the form 1120-POL, in	Department of the Treasury Internal Revenue Service		io to www.irs.gov/Form990 for	r instructions and the	e latest information.				
 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 answerd 'res,' 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-B. 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-B. Section 501(c)(3), or (6) organizations: Complete Part II. Name of organization answerd 'res,' 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) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EX (Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EX (Part V, line 35c (Proxy Tax) (See separate 95c) (See (See (See (See (See (See (See (Se	If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, I	line 46 (Political Cam	paign Acti	vities), then		
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filing organization's funds. If none, enter -0 delivered to a separate	political action com	nmittee (PAC). If	additional space is needed, prov	vide information in Par	t IV.				
political organization. If none, enter -0	(a) Name	e	(b) Address	(c) EIN	filing organizatio	on's cor ter-0 I d	ntributions reco promptly and o lelivered to a s political organi	eived and directly eparate ization.	

Political Campaign and Lobbying Activities

032041 12-02-20

SCHEDULE C

Schedule C ((Form 990 or 990-EZ)2020 The	Financial	Planning	Association

84-1521488	Page 2
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Part II-A Complete if the organize section 501(h)).	zation is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	election under
A Check if the filing organization b	pelongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of	, ,	• •			
B Check ► if the filing organization of	hecked box A a	nd "limited control" pr	ovisions apply.		()) (()) () () () () () () (
Limits on (The term "expenditure)	Lobbying Expensions amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)					
e Total exempt purpose expenditures (add lines 1c and 1d)					
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.					
If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000	. ,	00 plus 15% of the exe			
Over \$1,000,000 but not over \$1,500,00		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or l					
i Subtract line 1f from line 1c. If zero or le	· ·				
j If there is an amount other than zero on			•		
reporting section 4911 tax for this year	,				Yes No
(Some organizations that n	ade a section {	eraging Period Under 501(h) election do not ate instructions for li	have to complete all of	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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)).

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2a b Carryover from last year 2b c Total 2c	For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	1))
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: Construction of the public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Image: Construction opinion opinical expension opinical expension opinical expension opinical expension opinical expenditures of superside expension opinical expension opinical expension opinical expension opinical expension opinical expension opinical expenditures of opinical expension opinical expension opinical expension opinical expension opinical expenditures of superside expension opinical expe	of the	lobbying activity.	Yes	No	Amo	ount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? c Media advertisements? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2 a 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 by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if life Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures form the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, is 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures of 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,		local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
c Media advertisements? Image: construction of the public? d Mailings to members, legislators, or the public? Image: construction of the publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Image: construction of the publications, seminars, conventions, speeches, lectures, or any similar means? Image: construction of the publications, seminars, conventions, speeches, lectures, or any similar means? i Other activities? Image: construction of the public of the public of the publication	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d Mailings to members, legislators, or the public?						
 Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines to through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yees vubstantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or les? 2 X X 2 Did the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yees." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible by members? 2 Lot z 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 295,018. 	d	Mailings to members, legislators, or the public?				
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities? i i Other activities? j Total. Add lines 1c through 1i i i i i i i i i i i i i i i i i i i i						
j Total. Add lines 1c through 1i Image: Constraint of the section 10 (c)(3)? Image: Constraint of the section 10 (c)(3)? 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Image: Constraint of the section 4912 Image: Constraint of the section 4912 b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Constraint of the section 4912 tax, did it file Form 4720 for this year? Image: Constraint of the organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 X 2 Did the organization agree to carry over 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 prior year? 3 X Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 5,895,202. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expended active action 502 (c)(5), or section 503 (c)(5), or section 503 (c)(6) and if either (a) BOTH Part III-A, li						
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 5,895,202. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 5,895,202. a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 295,018.	3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ie prior year	? 3		X
answered "Yes." 1 Dues, assessments and similar amounts from members 1 5,895,202. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 295,018.	Par					
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2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 295,018.						005 000
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b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3						
c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 295,018.						
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 295,018.						
	c			20		205 010
4 IT NOTICES WERE SENT AND THE AMOUNT ON LINE 2C EXCEEDS THE AMOUNT ON LINE 3, What portion of the excess				3		722,018.
	4					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political						
expenditure next year?	-					205 019
5 Taxable amount of lobbying and political expenditures (See instructions) 5 -295,018. Part IV Supplemental Information 5	_		<u></u>	5	-	290,010.
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See			list). Dort !!	A lince 1	and 2 (Soc	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

84-1521488

SCHEDULE D

(Form	990)
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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.



	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	tion.	Inspection
Nam	e of the organizati	ion		Employ	er identification number
	-	The Financial Planning Asso	ciation		84-1521488
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Account	S.Complete if the
-	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at e	nd of year			
2	Aggregate value o	of contributions to (during year)			
3	Aggregate value o	of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advise	d funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be u		
	for charitable purp	poses and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring	
	impermissible priv	vate benefit?			🖸 Yes 🗌 No
Pa	rt II Conserv	ration Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of con	servation easements held by the organizati	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education) 🛛 Preservation of a	historically imp	portant land area
	Protection of	of natural habitat	Preservation of a	certified histor	ic structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservatio	n easement on the last
	day of the tax yea	ır.		He	ld at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	tricted by conservation easements		2b	
С	Number of conser	rvation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired	after 7/25/06, and not on a historic structur	e	
	listed in the Nation	nal Register		2d	
3	Number of conser	rvation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization du	iring the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	sement is located		
5	•	ation have a written policy regarding the pe			
		forcement of the conservation easements i			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easeme	ents during the year
_	►				
7	-	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements o	during the year
-	►\$				
8			ve satisfy the requirements of section 170(h		
					🗀 Yes 📃 No
9	-	•	on easements in its revenue and expense s		
			note to the organization's financial statemer	nts that describ	bes the
Da		counting for conservation easements.	f Art, Historical Treasures, or Otl	hor Similar	Accote
Fa		f the organization answered "Yes" on Form			A33613.
Ia			8, not to report in its revenue statement an		
	,	, , , , , , , , , , , , , , , , , , , ,	olic exhibition, education, or research in fur	•	DIIC
h	· •		ncial statements that describes these items		orke of
a	-		68, to report in its revenue statement and back to report in its revenue statement and back to research in further statement and back to research in further statement and back to research in further statement and back to report to research in further statement and back to report to research in further statement and back to report to research in further statement and back to report to research in further statement and back to report to research in further statement and back to report to research in further statement and back to report to report to report to research in further statement and back to report to report to report to research in further statement and back to report		
	,	,	exmonition, education, or research in furthe		, oci vile,
	-	ing amounts relating to these items:		•	
0			agurage or other similar assets for financial		
2	•		asures, or other similar assets for financial (yain, provide	
-	-	unts required to be reported under FASB A	-	► ¢	
a b		a Form 990, Part VIII, line 1		►\$_ ►\$	

Schedule D	(Form 990)) 2020
	(1 01111 330)	, 2020

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Unduct to explantation accession, and other records, check any of the following that make significant use of its collection tame (check all that apply): all public exhibition a Deutic exhibition d Loan or exchange program b b Scholary research e Other c Deutic exhibition e Other 4 Provide a description of the organization accelection? e Other c Description of the organization accelection? e No Part III Escription of the organization accelection? Yes No Part IIII Escription of the organization accelection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Immunt Amount Immunt c Beginning balance Immunt accelection Part XIII. Amount Immunt Immunt Yes No b If "Yes," explain the arrangement in Part XIII check here if the organization accelection? Immunt Immun	_		ial Planning Ass						4-15214			age 2
collection terms (check all that apply): d Loan or exchange program a Debic exhibition d Loan or exchange program b Scholarly research e Other	Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	ts (contir	nued)	
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	at make sig	gnificant u	use of its			
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization social or receive donations of art, historical treasures, or other similar assets to be social to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded an anound to Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagenet in Part XIII and complete the following table: Amount c Beginning balance 1 1 Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? X Y es No b If Yes', explain the arrangement in Part XII. Check hare if the organization has been provided on Part XII Intervention X Part V Endowment Fundas. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Y es No b If Yes', explain the arrangement in Part XII. Check hare if the organization answered 'Yes' on Form 990, Part X, line 21. Y es No b Contributors		collection items (check all that apply):										
c Preservision for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Dering the Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 80, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b During balance 1d 1d 1d Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Defore organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Endowment Funds. Complete if the organization naweed "Yes" on Form 990, Part X, line 10. a Baginning of year balance (a) Current year b Contributions contributions	а	Public exhibition	c	ı []	Loan or exc	hange progr	am					
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S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part M Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part M, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agement in Part XII and complete the following table:	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete it the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Id <	4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizat	ion's exerr	npt purpo	se in Part	XIII.		
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b Contributions	10	Designing of year balance	(a) Current year	(D) P	rior year	(C) TWO yea	IS DACK (a) Three ye	ars Dack	(e) Four	yearsi	Jack
c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses	е	· ·										
g End of year balance	4											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) Iag(ii) 3a(ii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings	י מ											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% main Part Ni b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? c Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings	-		ront year and balance	L co (lino 1	a colump ()) hold as:						
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c Leasehold improvements 59,083. 15,426. 43,657. d Equipment 730,167. 151,483. 578,684. e Other 3,165,471. 2,736,480. 428,991.												
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e Other						730,167.		151,4	183.		578,	684.
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				X, colur	nn (B), line 1	10c.)				1	,051,	332.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (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 13.

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1) I	ntercompany Receivables	283,823.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 15.)	283,823.
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 25.)	

2.

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

Sche	chedule D (Form 990) 2020 The Financial Planning Association		84-1521488	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements			
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.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
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.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information.			
Drov	de the descriptions required for Part II lines 3, 5, and 9; Part III lines 1, and 4; Par	t IV lines 1b and 2b; Pa	t V line 1: Part X line 2: Pa	ort XI

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

Part IV, line 2b:

The organization holds funds in agency for its chapters.

SC	HEDULE J	Compensation Information	0	MB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງກ	20	
ų		Compensated Employees		ZU	ZU	J
Dene	demonst of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	0	pen to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio	n	Employer ident	ificati	on nu	mber
		The Financial Planning Association	84-152148	8		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	onal use			
	Travel for com	panions Payments for business use of personal re	esidence			
	Tax indemnific	ation and gross-up payments	S			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	Form 990 of o	ther organizations	committee			
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a	x	
b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?		4b		x
		eive payment from an equity-based compensation arrangement?		4c		x
C		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r					
а	•			5a		
b	Any related organiz	ation?		5b		
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?	-		6a		
b	Any related organiz	ation?		6b		
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	-	nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule		n 990) 2020

Schedule J (Form 990) 2020

84-1521488

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 organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (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 (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) Lauren Schadle	(i)	217,516.	14,192.		9,793.	11,918.	•	0.		
Executive Director / CEO (Part Year)	(ii)		0.	0.	0.	0.		0.		
(2) Patrick Mahoney	(i)	210,000.	0.	0.	0.	0.	. 210,000.	٥.		
Interim CEO	(ii)	0.	0.	0.	0.	0.	. 0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii) (i)									
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Schedule J (Form 990) 2020	The	Financial	Planning	Association
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Part III Supplemental Information

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

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

Department of the Treasury Internal Revenue Service Name of the organization 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

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, and the CEO. The CEO shall be an ex officio, non-voting

member of the Executive Committee. 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 4:

The bylaws were updated in October 2020. The organization has removed the

ability of the CEO to service concurrently as the Treasurer. The Treasurer

must be elected by a majority vote of the board and shall hold office for a

term of one year to a maximum of two years.

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Name of the organization	Employer identification numb
The Financial Planning Association	84-1521488
The Financial Flanning Association	84-1521488

planning and which is willing to abide by the Bylaws for membership in the

Association.

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

Plans of merger, consolidation, or dissolution which are voted on and

adopted by the Board of Directors shall require ratification through an

affirmative vote of at least a majority of the individual members of the

FPA voting membership.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an independent CPA firm and reviewed in detail

by the CFO and the Accounting Manager. It is then shared with the board

for their review prior to being filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

On an annual basis, the directors and officers of the organization are

required to disclose any conflicts of interest (actual, apparent, or

potential) and agree to comply with the organization's conflict of interest

policy. Upon disclosure of a potential conflict of interest and all

material facts to the independent members of the board, and after any

discussion with the interested persons, the independent board members shall

discuss and decide if a conflict of interest exists. After exercising due

diligence, the independent board members shall determine whether or not a

conflict of interest is present. As part of that determination, the

independent board members will decide whether the transaction or

arrangement is in the organization's best interest, for the organization's

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer identification number
The Financial Planning Association		84-1521488
benefit, and whether it is fair and reasonable to the organi	zation.	
Form 990, Part VI, Section B, Line 15:		
·	-	
15a - CEO compensation is determined through various salary	surveys and	
other third-party non-profit compensation resources and guid	elines. The	
compensation package is reviewed annually by the independent	members of the	
FPA Executive Committee and includes an annual performance r	eview 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 CFO is approved by the CEO.	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 fi	nancial	
statements are all available upon request. The governing do	cuments are	
beatements are are available upon request. The governing as		
also available on the organization's website.		
Form 990, Part VIII, Line 11d:		
Other revenue on Line 11d includes an amount (\$91,320) that	represents	
the net assets of FPA Metro NY which were added to Financial	Planning	
Association's financials in 2020.		
Form 990, Part IX, Line 11g, Other Fees:		
	1 670 400	
Contracted Labor	1,0/8,493.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,678,493.	

SCH	EDULE R
·	

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

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.

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

Open to Public Inspection Employer identification number

84-1521488

OMB No. 1545-0047

Name of the organization

The Financial Planning Association

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

			I		
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	
of disregarded entity	, , , ,	foreign country)		,	entity
5 ,		loreigh ocurray)			,
	1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
National Financial Planning Support Center -					The Financial		
74-2341001, 1290 Broadway, Ste 1625, Denver,	Coordinate pro bono				Planning		
CO 80203	financial planning	Colorado	501(c)(3)	Line 7	Association	x	
	-						
	-						
	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 The F	inancial Plannin	g Associa	tion								84-15	21488	F	Page 2
Part III Identification of Related Or organizations treated as a part	rganizations Taxable artnership during the	e as a Partn tax year.	ership. Complete	if the organ	ization answe	ered "Ye	es" on Forr	n 990, P	art IV, line	34, be	cause it had one c	r more relate	ed	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	(h)) (i)	(j)	(k)
Name, address, and EIN Primary activity of related organization		Legal domicile (state or	Direct controlling entity	(related	nant income , unrelated, rom tax under	ind	e of total come	end-	are of of-year sets	Dispropor allocatio	l amount in k	OOX managing		entage ership
		foreign country)		section	s 512-514)			as	5615	Yes	No K-1 (Form 10	065) Yes No		
	-													
	-													
	-													
	-													
	-													
	-													
	-													
	-													
Part IV Identification of Related On organizations treated as a co	rganizations Taxable	e as a Corp	oration or Trust. (Complete if t	the organizat	ion ans	wered "Yes	s" on Fo	rm 990, Pa	art IV, li	ne 34, because it l	nad one or m	nore re	lated
(a)			(b)	(c)	(d)		(e))	(f)		(g)	(h)		(i) ction
Name, address, and l of related organization		Prim	ary activity	Legal domicile (state or foreign	Direct contentity		Type of	Type of entity C corp, S corp,		f total ne	Share of end-of-year assets	Percentage ownership	512(cont	ction (b)(13) trolled tity?
				country)				131)			200010		Yes	No
Financial Services Information 58-1675458, 1290 Broadway, Ste					The Finan Planning	cial								
CO 80203		Publicati	on	GA	Associati	on	C CORP		-19	6,804	. 57,783	. 100.009	x	
														1
												ļ	──	—

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b	Gift, grant, or capital contribution to related organization(s)	1b		х
с	Gift, grant, or capital contribution from related organization(s)	1c		х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		х
i	Exchange of assets with related organization(s)	1i		х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	х	
q	Reimbursement paid by related organization(s) for expenses	1q		х
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Financial Services Information Company	N	187,540.	Cash transferred
(2) Financial Services Information Company	0	315,372.	Cash transferred
(3) Financial Services Information Company	Р	478,902.	Cash transferred
<u>(4)</u>			
_(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 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 (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total o	(g) Share of end-of-year assets	(h Dispro tion allocati) ate ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	al or F ging er?	(k) Percentage ownership

Schedule R (Form 990) 2020

nedule R (Form 990) 2020 The Financial Planning Association	84-1521488	Pag
art VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
novide additional information for responses to questions on Schedule 1. See instructions.		

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or					Taxpayer identification number (TIN)			
print	The Financial Planning Association				84-1521488			
File by the due date f filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.							
return. See instructior								
Enter the Return Code for the return that this application is for (file a separate application for each return)								
Application		Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 99	90-PF	04	Form 5227			10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	90-T (trust other than above)	06	Form 8870			12		
 The books are in the care of ▶ <u>1290 Broadway</u>, No. 1625 - Denver, CO 80203 Telephone No. ▶ <u>303-759-4900</u> Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box								
a	 If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 900 PE, 900 F, 4720, or 6060, enter apply refundable credits and 				\$	0.		
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.		
_	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	¢	0.		
	n: If you are going to make an electronic funds withdrawa				nd Form 8879-EO fo	-		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)