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.

Website alternative: 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.

Penalties: 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.

Private foundation exempt: 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.

Form **990**

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. Department of the Treasury

Open to Public

		Go to www.irs.gov/Form990 for instructions and the lates	it information.		Inspection
A	or the	2021 calendar year, or tax year beginning and ending		33.02	190N: W
B	Check if applicable	C Name of organization	D Employer iden	tifica	ation number
	Addres	The Financial Planning Association			
	Name change	Doing business as	84-1521488	3	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone nun	nber	
	Final return/	1290 Broadway 1625	303-759-49		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		9,001,042.
	Amend		H(a) Is this a grou	n reti	
	Applica	F Name and address of principal officer: Patrick D. Mahoney	for subordina		
	pendin	same as C above	H(b) Are all subordina		
T .	Тах-ехе	mpt status: 501(c)(3) _x _501(c)(_6) ◀ (insert no.) 4947(a)(1) or 52			st. See instructions
		e: ▶ www.financialplanningassociation.org	H(c) Group exemp		
			r of formation: 1999	_	State of legal domicile; DC
		Summary		1	outo or rogul dormono.
		Briefly describe the organization's mission or most significant activities: FPA fosters th	e value of		
nce		inancial planning and advances the financial planning profession.			
na	-	Check this box if the organization discontinued its operations or disposed of more	re than 25% of its ne	t ass	ets
Ne		Number of voting members of the governing body (Part VI, line 1a)	1	3	13
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	13
S		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	51
itie		otal number of volunteers (estimate if necessary)		6	2500
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12		7a	118,178.
A		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
_		tot directed business taxable modifier form out 1,1 art 1, line 11	Prior Year		Current Year
4	8 (Contributions and grants (Part VIII, line 1h)	85,00	00.	867,892.
Revenue	1000000	Program service revenue (Part VIII, line 2g)	7,126,78	36.	6,827,535.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-258,7	-	152,493.
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	461,34	_	377,328.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,414,35		8,225,248.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,827,2	77.	2,973,902.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,322,19	90.	4,127,018.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,149,46	57.	7,100,920.
		Revenue less expenses. Subtract line 18 from line 12	-735,10	18.	1,124,328.
Or Sec			eginning of Current Ye	ar	End of Year
sets or	20	Total assets (Part X, line 16)	5,433,39	99.	6,740,399.
ASS	21	Total liabilities (Part X, line 26)	3,934,20	59.	4,040,672.
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20	1,499,1	30.	2,699,727.
	art II	Signature Block			
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of	of my	knowledge and belief, it is
true	, correct	, and complete, Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.		
		000			
Sig	ın	Signature of officer	Date 1	- 11	OV-2022
He	re	Patrick D. Mahoney, CEO & Secretary	4	100	N-1000
		Type or print name and title			
-		Print/Type preparer's name Preparer's signature	Date Check		PTIN
Pai	d	Ted R. Batson, Jr. Led R. Batson h.		mployed	P00721951
Pre	parer	Firm's name Capin Crouse LLP	Firm's EIN	3	6-3990892
Use	Only	Firm's address 2435 Research Parkway, STE 200			
	0000	Colorado Springs, CO 80920	Phone no.	505-	502-2746
Ma	v the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Га	Check if Schodule O contains a reappose or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	To elevate the profession that transforms lives through the power of
	financial planning.
	Did the evapoimation undertake any significant program convices during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the 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 services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	FPA Annual Conference is the largest gathering of CFP professionals.
	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.
1h	(a) \(\) \
4b	(Code:) (Expenses \$
	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 \$
	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 \$)
40	Total program carvice expanses

Form 990 (2021) The Financial Planning Association Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/h		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Α .
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		 -
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 -
ıIJ		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domodao government entrar in, conditii (7), iiio 1: ii 100, compiete conocide, i arte i and ii			

Part IV	Checklist of Required Schedules (continued)

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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
	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	١		
	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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadida I Dort I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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 the 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		Х
	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 line 28a or 28b? If			۱
	"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		_ ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	<u></u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?		.,,	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Solidadio O contains a response of note to any line in this rail v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	1.40
	Enter the number of Forms W-2G included on 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	

O21) The Financial Planning Association Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
2 a	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	2b	х					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			За	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
44	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х				
h	If "Yes," enter the name of the foreign country	ccou		Ta						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r 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 serv			7a						
	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	s req	uired							
	to file Form 8282?			7с						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_						
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11						
Ü				8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the consequence of the conse			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:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1								
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	· · · · · · · · · · · · · · · · · · ·	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b								
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.			IOu						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	I The second	13b								
С		13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or							
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form 990 (2021) The Financial Planning Association 84-1521488 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

· a	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	140	respo	130
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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			
	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 relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		l
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		v	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	Х	
8		00	Х	
_	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	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 Revenue Code.)	Ū		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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 conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	Λ	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►GA, CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	Sandra Garcia - 303-759-4900			
	1290 Broadway, 1625, Denver, CO 80203			

Page 7

Form 990 (2021) 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 V	/II	
Check if Schedule O Contains a response	of flote to arry life in this Fart v	" L	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per		box, unless person is both an officer and a director/trustee)			compensation	compensation	amount of		
	week (list any	-					<u> </u>	from the organization	from related organizations	other compensation
	hours for	direct				p			(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	ividua	iitutio	Officer	Key employee	hest o	Former			organizations
	line)	P P	lus	JJ0	Ş.	iğ e	윤			
(1) Patrick D. Mahoney	40.00	4								
CEO and Secretary				Х				407,757.	0.	18,960.
(2) Julie Butcher (part year)	40.00	4							_	
Director of IT						Х		216,454.	0.	13,128.
(3) Sandra Garcia	40.00	4							_	
CFO				Х				176,630.	0.	11,557.
(4) Ben Lewis	40.00	4								
CCO						Х		177,700.	0.	0.
(5) Leslie Whittet (part year)	40.00	4								
CMO	40.00					Х		123,115.	0.	8,073.
(6) Heather Caldwell	40.00	4						115 105		42.000
Director of Staff Relations						Х		117,425.	0.	13,003.
(7) Martin Seay	5.00	ł								
Past President		Х		Х				0.	0.	0.
(8) Skip Schweiss	5.00	ł								
President		Х		Х				0.	0.	0.
(9) Dennis Moore	5.00	ł								
President Elect		Х		Х				0.	0.	0.
(10) Jason Plank	5.00	ł								
Treasurer	5.00	Х		Х				0.	0.	0.
(11) Paul Brahim	5.00	∤								
Board Member	5.00	Х						0.	0.	0.
(12) Claudia Cypher Kane	5.00	١,,,							0	0
Board Member (13) Susan Danzig	F 00	Х						0.	0.	0.
· ·	5.00	١,,,							0	0
Board Member	F 00	Х						0.	0.	0.
(14) George Fernandez	5.00							0	0	0
Board Member	F 00	Х						0.	0.	0.
(15) Lisa Kirchenbauer	5.00							0	0	0
Board Member (16) James Lee	F 00	Х		\vdash			\vdash	0.	0.	0.
, - · , · · · - · · - · ·	5.00	↓							_	_
Board Member	F 00	Х		\vdash			\vdash	0.	0.	0.
(17) Karen McDade	5.00	₩.							0	_
Board Member		Х			<u> </u>			0.	0.	0.

Form 990 (2021) 132007 12-09-21

Form 990 (2021) The Financial									84-15214	188		F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do not che box, unless		Pos heck ss pe	sition k more than one person is both an director/trustee)			s both an compensation compens			an	(F) stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	>/	fr org and	pensa om tha aniza d rela anizat	ne tion ted
(18) Robert van Beek	5.00												_
Board Member	F 00	Х			<u> </u>	_		0.		0.			0.
(19) Carl Wayne Board Member	5.00	x						0.		0.			0.
Board Member		Α								<u> </u>			
1b Subtotal								1,219,081.		0.		64	,721.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								1,219,081.	000 of war and all a	0.		64	,721.
Total number of individuals (including but n compensation from the organization	iot iimited to tr	iose	liste	eu a	bov	e) wi	10 r	eceived more than \$100	,000 of reportable				é
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,			,		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15										[4	х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		Х
Section B. Independent Contractors									*				
 Complete this table for your five highest co the organization. Report compensation for 	•	•							. ,	ensa	ation 1	rom	
(A) Name and business	address							(B) Description of s	ervices	C	(C ompe		on .
Moore Media Consulting, 14241 Dallas													
Parkway Ste 650, Dallas, TX 75254							_	Marketing Consulta	nt			357	,598.
ThinkShout								Wab Dagiger				210	402
PO Box 1293, Hermiston, OR 97838								Web Designer				ZIU	,403.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2021)

110,000.

Public Policy Counsel

Colacci Consulting LLC

PO Box 18744, Golden, CO 80402

\$100,000 of compensation from the organization

Form 990 (2021) The Financi
Part VIII Statement of Revenue

		Check if Schedule O	contains a respon	se or note to any lin	e in this Part VIII			
		Cricol ii Coricadio C	oornaino a respons		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Fordered comments						000110110 012 011
ant		Federated campaigns	4.					
اع ق			1b					
fts,		Fundraising events						
اقِ قِ		Related organizations		700 000				
Sir		Government grants (conti		792,892.				
utic	f	All other contributions, gifts,						
호된		similar amounts not included	··· 	75,000.				
ont		Noncash contributions included in						
<u>a</u> C	ŀ	Total. Add lines 1a-1f			867,892.			
				Business Code				
Se	2 8	Membership Dues		900099	5,495,170.	5,495,170.		
e Zi	k			900009	811,433.			
o Si	(Change in value of	FSI	900099	393,791.	393,791.		
ev ev	(Registration		900099	127,141.	127,141.		
Program Service Revenue	•	·		_				
<u>-</u>	f	All other program service	revenue					
	ç	Total. Add lines 2a-2f			6,827,535.			
	3	Investment income (include	ding dividends, int	erest, and				
		other similar amounts)		>	46,086.			46,086.
	4	Income from investment of	of tax-exempt bond	d proceeds				
	5	Royalties		▶	72,411.			72,411.
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	k	Less: rental expenses	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss	s)					
		Gross amount from sales of	(i) Securities	s (ii) Other				
		assets other than inventory	7a 882,20	1.				
	ŀ	Less: cost or other basis	,					
e l	_	and sales expenses	7b 661,96	2. 113,832.				
en		Gain or (loss)	7c 220,23	_				
Revenue		Net gain or (loss)			106,407.			106,407.
ther		Gross income from fundraisi			, , , , , , , , , , , , , , , , , , , ,			
됩	0.	including \$	of					
		contributions reported on						
		Part IV, line 18	· · · · · · · · · · · · · · · · · · ·	Ba				
		Less: direct expenses		Bb Bb				
		Net income or (loss) from	·····					
		Gross income from gamin		·				
	3 6	Part IV, line 19		e l				
	L	Less: direct expenses		9b				
			_	50				
		Net income or (loss) from						
	10 a	Gross sales of inventory,		34 285				
		and allowances	_	0a 34,285. 0b 0.				
		Less: cost of goods sold	_	00	24 205	24 205		
\rightarrow		Net income or (loss) from	sales of inventory		34,285.	34,285.		
sn		Advontisins		Business Code	00 505		90 505	
e e		Advertising		541800	80,595.		80,595.	
Miscellaneous Revenue	k			519130	37,583.		37,583.	
Sce Re	(-	150 15:			150 15:
Ĕ		All other revenue			152,454.			152,454.
		Total. Add lines 11a-11d		•	270,632.	6.051.055	110 150	355 353
	12	Total revenue See instruction	ane	▶	8 225 248.	6 861 820.	118 178.	377 358.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	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	614,905.							
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	1,810,289.							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	98,947.							
9	Other employee benefits	238,675.							
10	Payroll taxes	211,086.							
11	Fees for services (nonemployees):								
а	Management								
b	Legal	52,971.							
С	Accounting	35,539.							
d	Lobbying								
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 O.)	1,503,649.							
12	Advertising and promotion	105,888.							
13	Office expenses	326,365.							
14	Information technology	742,404.							
15	Royalties								
16	Occupancy	353,830.							
17	Travel	100,586.							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	052 004							
19	Conferences, conventions, and meetings	253,204.							
20	Interest								
21	Payments to affiliates	357,364.							
22	Depreciation, depletion, and amortization	67,900.							
23	Other expenses. Itemize expenses not covered	07,300.							
24	above. (List miscellaneous 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	96,347.							
b	Loss on disposal	12,765.							
c		,							
d									
e	All other expenses	118,206.							
25	Total functional expenses. Add lines 1 through 24e	7,100,920.							
26	Joint costs. Complete this line only if the organization	· ·							
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

Form 990 (2021) Part X Balance Sheet

ı a	IL A	Check if Schedule O contains a response or	note to ar	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			802,241.	1	1,352,121.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			232,443.	4	581,385.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, s					
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disc	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	ribed in sec	ction 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			272,924.	9	488,830.
	10a	Land, buildings, and equipment: cost or oth					
		basis. Complete Part VI of Schedule D		2,043,898.			
	b	Less: accumulated depreciation		1,252,855.	1,051,332.	10c	791,043.
	11	Investments - publicly traded securities			3,053,377.	11	3,395,970.
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I			-262,741.	13	131,050.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		283,823.	15	0.	
	16	Total assets. Add lines 1 through 15 (must			5,433,399.	16	6,740,399.
	17	Accounts payable and accrued expenses	740,573.	17	770,958.		
	18	Grants payable		18			
	19	Deferred revenue			3,065,095.	19	3,063,766.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			128,601.	21	105,373.
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, se					
abi		controlled entity or family member of any of				22	
≔	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unre				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I					
		of Schedule D	•		0.	25	100,575.
	26	Total liabilities. Add lines 17 through 25			3,934,269.	26	4,040,672.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.		·			
<u>a</u>	27	Net assets without donor restrictions			1,499,130.	27	2,699,727.
Ba	28	Net assets with donor restrictions				28	
nd		Organizations that do not follow FASB AS					
ŕ		and complete lines 29 through 33.	•	ŕ			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current ful	nds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulate				31	
Vet	32	Total net assets or fund balances			1,499,130.	32	2,699,727.
_	33	Total liabilities and net assets/fund balances			5,433,399.	33	6,740,399.

Form **990** (2021)

Pa	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		8,225	,248.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,100	,920.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,124	,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,499	,130.
5	Net unrealized gains (losses) on investments	5		76	,269.
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		2,699	,727.
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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	it		
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t 🗌		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

The Financial Planning Association

84-1521488

Organiz	cation type (check o	ne):
Filers of	f:	Section:
Form 99	00 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 99	00-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
X	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

The Financial Planning Association

84-1521488

Part I	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for

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.	
(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
		\$	

Employer identification number

Name of organization

art III	ncial Planning Association Exclusively religious, charitable, etc., contrib	utions to organizations described in secti	84-1521488 on 501(c)(7), (8), or (10) that total more than \$1,000 for the ye					
ai t iii	from any one contributor. Complete columns (a) through (e) and the following line entry F	or organizations					
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)					
-VAI-	Use duplicate copies of Part III if additionate	al space is needed.						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(2)1 4. 6000 0. g	(5) 235 5. g	(a) Decemption of non-girthe non-					
			_					
			_					
Γ		(e) Transfer of gift	•					
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	Transferee's name, address,	and 7 IP + 4	Relationship of transferor to transferee					
t	Transfer de d'hame, duai ese,		Troid a critical por a direction of the a direction of					
								
a) N/o								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(,	(4, 555 55 55.5	(.,					
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		(e) Transfer of gift						
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	Transferee's name, address,	and 7IP ± 4	Relationship of transferor to transferee					
t	Transferee 3 hame, address,	und 211 + 4	Treationship of transferor to transferee					
								
a) No		T						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	.,							
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L								
		(e) Transfer of gift						
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	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
Ī	, ,		•					
								
a) No		(c) Use of gift	(d) Description of how gift is held					
a) No. from	(b) Purpose of gift	1	() ()					
a) No. from Part I	(b) Purpose of gift							
a) No. from Part I	(b) Purpose of gift		_					
a) No. from Part I	(b) Purpose of gift							
a) No. from Part I	(b) Purpose of gift							
a) No. from Part I	(b) Purpose of gift							
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gift						
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gift						
a) No. from Part I			Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift Transferee's name, address,		Relationship of transferor to transferee					
a) No. from Part I			Relationship of transferor to transferee					
a) No. from Part I			Relationship of transferor to transferee					
a) No. From Part I			Relationship of transferor to transferee					

SCHEDULE C (Form 990)

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Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Nar	ne of organization			Empl	oyer identification number
		ial Planning Association			84-1521488
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures		 ▶\$	
Pá	art I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).	
2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	tincurred by organization mana on 4955 tax, did it file Form 472	gers under section 495: 0 for this year?	> \$	Yes No
Pá	art I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 501(c)(3).
2	Enter the amount directly expende Enter the amount of the filing organ exempt function activities Total exempt function expenditure	nization's funds contributed to o	other organizations for s	section 527	
3					
1	line 17b Did the filing organization file Form	1120-POL for this year?		Φ	Yes No
5		mployer identification number (f ation listed, enter the amount pa romptly and directly delivered to	EIN) of all section 527 p aid from the filing organ o a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	h the filing organization ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

		ancial Planning Association		21488 Page 2
Part II-A		on is exempt under section 501(c)(3) and file	ed Form 5768 (e	election under
	section 501(h)).			
A Check		gs to an affiliated group (and list in Part IV each affiliated	group member's na	me, address, EIN,
	expenses, and share of exces			
B Check ▶	if the filing organization check	ked box A and "limited control" provisions apply.		1
	Limits on Lob (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lo	obbying expenditures to influence pub	olic opinion (grassroots lobbying)		
b Total lo	obbying expenditures to influence a le	gislative body (direct lobbying)		
c Total lo	obbying expenditures (add lines 1a an	d 1b)		
d Other	exempt purpose expenditures			
e Total e	xempt purpose expenditures (add line	es 1c and 1d)		
f Lobby	ing nontaxable amount. Enter the amo	unt from the following table in both columns.		
If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not ov	er \$500,000	20% of the amount on line 1e.		
Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$	17,000,000	\$1,000,000.		
g Grassr	oots nontaxable amount (enter 25% c	of line 1f)		
h Subtra	ct line 1g from line 1a. If zero or less, e	enter -0-		
		nter -0-		
j If there	e is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
reporti	ng section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
	•	a section 501(h) election do not have to complete all c	of the five columns	below.
		e the separate instructions for lines 2a through 2f.)		
	Lobi	oying Expenditures During 4-Year Averaging Period		
	l l	1		1

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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) 2021

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)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
of the lobbying activity.	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or	section	
501(c)(6).				
			Yes	No
				Х
1 Were substantially all (90% or more) dues received nondeductible by members?		'	1	_ A
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?			<u> </u>	X
2 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 from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior yea	ir? (5), or	section	X
2 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 from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior yea on 501(c) "No" OF	(5), or	section art III-A, lir	x x ne 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior yea on 501(c) "No" OF cal	2 2 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	section art III-A, lir 5 a b c 3	x x ne 3, is ,495,170
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior yea on 501(c) "No" OF cal	2 2 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	section art III-A, lir 5 a b c 3	x x ne 3, is ,495,170
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures. See instructions Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior yea on 501(c) "No" OF cal	2 2 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	section art III-A, lir 5 a b c 3	x x ne 3, is ,495,170
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

The Financial Planning Association

Employer identification number

84-1521488

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets hel	d in donor advised fu	nds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor or $% \left\{ 1\right\} =\left\{ 1\right\} =\left\{$	donor advisor, or for any	other purpose confe	erring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes	on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` '		
	Preservation of land for public use (for example, recreation			orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	tion in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af	·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or te	erminated by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease		 _	
5	Does the organization have a written policy regarding the period		· ·	
_	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and	d enforcing conservat	ion easements during the year
_	Annual of annual in an arithmin because it and the			and the second s
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enf	ording conservation e	asements during the year
0	▶ \$ Does each conservation easement reported on line 2(d) above	action the requirement	o of coation 170/b)///	DV(i)
8			. , , , ,	
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	ote to the organization's	ili aliciai statements t	riat describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Trea	asures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 9	•		
	If the organization elected, as permitted under FASB ASC 958		nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	, I		
	service, provide in Part XIII the text of the footnote to its finance	,		and of public
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public e	· · · · · · · · · · · · · · · · · · ·		
	provide the following amounts relating to these items:		20. 0 ron a roral	
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB AS			,
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			

Par	rt III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, o	r Other	Similar A	\ssets(co	ntin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	t make sig	gnificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	hey further t	he organizatio	on's exem	pt purpose i	n Part XIII			
5	During the year, did the organization solicit o	r receive donations o	of art, hi	istorical trea	sures, or othe	er similar a	assets				_
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			Ye	s		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?							L Ye	s	Х	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
								Am	ount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial accou	unt liabilit	y?	X Ye	s		No
	If "Yes," explain the arrangement in Part XIII.									Х	
Par	rt V Endowment Funds. Complete it										
		(a) Current year	(b) F	Prior year	(c) Two years	s back (c	1) Three years	back (e)	Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administer	red for the	e organizatio	n	г		
	by:							_		Yes	No
	(i) Unrelated organizations								a(i)		
	(ii) Related organizations								(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	rt VI Land, Buildings, and Equipm) David IV	/ line 11 = C	Saa Farra 000	David V. II	10				
	Complete if the organization answered			·				1			
	Description of property	(a) Cost or of basis (investn			or other (other)		cumulated eciation	(d)	300k	value	•
1a	Land										
b	Buildings										
С	Leasehold improvements				59,083.		23,799			35,	284.
d	Equipment				669,833.		312,190				643.
	Other				,314,982.		916,866			_	116.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	10c.)		<u></u>				043.
							<u> </u>	adula D /F		0001	0004

Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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.	Law Farma 000 Part IV III-a	44 - O - Farm 000 Bart V line 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(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" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4=1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	THE OR 111. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			100 575
(2) Intercompany Payable			100,575
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 990, Part V, col. (P) lin	25.)	.	100,575
Total. (Column (b) must equal Form 990, Part X, col. (B) lir 2. Liability for uncertain tax positions. In Part XIII, provide			·
organization's liability for uncertain tax positions. In Fart XIII, providing			

ı aı	rt XI Reconciliation of Revenue per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa	rt XII Reconciliation of Expenses per Audited Financial St		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	7	-		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	, , , ,			
b	,			
	Add lines 4a and 4b		- 1	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.	3.)	5	
		1. Doubli / lines 1 h and Oh.	Don't V. lines 4: Don't V. lines 0: Don't	. VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Fait V, lille 4, Fait A, lille 2, Fait	۸۱,
IIIIes	20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide al	iy additional imormation.		
Part	IV, line 2b:			
	21, 222 20.			
The	organization holds funds in agency for its chapters.			
	organization notus funds in agency for its chapters.			
	organization notes rands in agency for its chapters.			
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Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

The Financial Planning Association

Employer identification number

OMB No. 1545-0047

84-1521488

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
-				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any person listed on Form 000. Part VII. Section A. line 1s, with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•	Receive a severance payment or change-of-control payment?	4a	х	
	Participate in or receive payment of change of control payment: Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	. 4		

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

Schedule J (Form 990) 2021

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Patrick D. Mahoney	(i)	356,153.	0.	51,604.	8,351.	10,609.	426,717.	0.
CEO and Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Julie Butcher (part year)	(i)	135,351.	0.	81,103.	6,218.	6,910.	229,582.	0.
Director of IT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Sandra Garcia	(i)	175,967.	0.	663.	5,725.	5,832.	188,187.	0.
CFO	(ii)	0.	0.	0.	0.	0.	-	
(4) Ben Lewis	(i)	177,475.	0.	225.	0.	0.	177,700.	0.
CCO	(ii)	0.	0.	0.	0.	0.	. 0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 4a:
Julie Butcher received severance in the amount of \$80,392.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization **Employer identification number** The Financial Planning Association 84-1521488 Form 990, Part VI, Section A, line 1a: The Executive Committee is composed of the Past President, 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 6: The organization has two classes of members: individual members and institutional members. Individual Members: Any individual demonstrating a professional interest in financial planning and willing to abide by the Bylaws is eligible for membership in the Association. Members shall be entitled to special rights. privileges, and benefits as determined by the Board of Directors or its designee. Members of FPA include financial planning practitioners, students academicians, support staff, retired practitioners, and other allied professionals who support the profession. Institutional Members: Any institution with an interest in financial planning and which is willing to abide by the Bylaws for membership in the Association.

Schedule O (Form 990) 2021 Page **2**

Name of the organization	Employer identification number
The Financial Planning Association	84-1521488
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	
benefit, and whether it is fair and reasonable to the organization.	
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 guidelines. The	
compensation package is reviewed annually by the CEO Compensation	

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** The Financial Planning Association 84-1521488 Committee, comprised of independent voting members of the Board of Directors. The approval process is documented by the Executive Committee. 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 financial statements are all available upon request. The governing documents are also available on the organization's website. Form 990, Part IX, Line 11g, Other Fees: Contracted Labor 1,503,649. Total Other Fees on Form 990, Part IX, line 11g, Col A 1,503,649.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization The Financial Planning	ng Association				E	Employer identifi 84-1521488	cation n	umber
Part I Identification of Disregarded Entities. Complete	e if the organization answered "\	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total in		(e) -year asset	ts Direct o	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990	0, Part IV, line 34	, because it had	d one or mo	ore related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if sec	tion	(f) rect controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3)))		Yes	No
	Coordinate pro bono				Planı			
CO 80203	financial planning	Colorado	501(c)(3)	Line 7	Asso	ciation	Х	

	Identification of Polated Overnitations Tayable as a Partneyship. Complete if the avernitation engaged West on Form 000. But IV line 24 heady on the days are related
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
raitiii	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	l	ortionate tions?	Code V-UBI	Gene	ral or l	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	_
												_
												_

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	contr	tion b)(13) rolled tity?
		country)		,				Yes	No
Financial Services Information Company -			The Financial						
58-1675458, 1290 Broadway, Ste 1625, Denver,			Planning						
CO 80203	Publication	GA	Association	C CORP	671,243.	131,050.	100.00%	Х	
									\vdash

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

No	te: 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 transaction	ns with one or more r	elated organizations listed	in Parts II-IV2		163	NO
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		_		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
~	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
ے	Loans or loan guarantees by related organization(s)				1e		x
·	Local of local guarantees by related erganization(s)						
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 orga				11		Х
n	Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n	Х	
c	Sharing of paid employees with related organization(s)				10	Х	
p	Reimbursement paid to related organization(s) for expenses				1 p	Х	
Ç	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	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 v	vho must complete t	his 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 in	volved		
(1)	Financial Services Information Company	N	129,264.				
(2)	Financial Services Information Company	0	251,618.				
(3)	Financial Services Information Company	P	765,280.				
(4)							
(5)							
•							

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manac	l or Percent
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	owners
		country)	sections 512-514)	Yes N	income	assets	Yes	No	(Form 1065)	Yes I	10
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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).

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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print The Financial Planning Association 84-1521488 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1290 Broadway, 1625 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80203 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 Sandra Garcia The books are in the care of ► 1290 Broadway, 1625 - Denver, CO 80203 Telephone No. ▶ 303-759-4900 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **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 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)